

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
GE HealthCare Technologies Inc. PAC

ADDRESS (number and street) **600 14th St NW**
Suite 900
 Check if different than previously reported. (ACC) **Washington DC 20005**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00830208 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Duncan, Monica, , ,**

Signature of Treasurer **Duncan, Monica, , ,** Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40807.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="76103.50"/>	<input type="text" value="150491.33"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="116911.41"/>	<input type="text" value="150491.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67779.00"/>	<input type="text" value="101358.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49132.41"/>	<input type="text" value="49132.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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).....	60705.00	107362.00
(ii) Unitemized	15398.50	43129.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	76103.50	150491.33
(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)	76103.50	150491.33
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.).....	0.00	0.00
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)).....▶	76103.50	150491.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	76103.50	150491.33

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	79.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	79.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	99000.00
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	279.00	279.00
(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)).....	279.00	279.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	2000.00
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)) ..	67779.00	101358.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67779.00	101358.92

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)	76103.50	150491.33
34. Total Contribution Refunds (from Line 28(d))	279.00	279.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75824.50	150212.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	79.92
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	79.92

**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 198
	<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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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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arduini, Peter, 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, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 04ECB7B804744F5CA4AF

Amount of Each Receipt this Period
416.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arduini, Peter, 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, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 9805105CA66542C685EF

Amount of Each Receipt this Period
416.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arduini, Peter, 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, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 95CE7E4531BA4299B6AC

Amount of Each Receipt this Period
416.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 198
	<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	

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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. Arduini, Peter, J, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : CB1C2D636603487485F7
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Arduini, Peter, J, ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 4FF2C5E1F6C14079A67A
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Arduini, Peter, J, ,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : A2E02CF06F97456B844C
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4576.00	

SUBTOTAL of Receipts This Page (optional).....▶	1248.00
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 198
	<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. Beacham, Jimmie, A, , JR
 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 Engineer - AME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 4F8A4FD1F55047ABA286
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Beacham, Jimmie, A, , JR
 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 Engineer - AME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 9366335C9E2247788EC8
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Beacham, Jimmie, A, , JR
 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 Engineer - AME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 200F5904749D41CABD9C
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 198
	<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. Beacham, Jimmie, A, , JR		Date of Receipt MM / DD / YYYY 10 / 20 / 2023 Transaction ID : 8E71249E445443AEBFD4
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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 Engineer - AME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beacham, Jimmie, A, , JR		Date of Receipt MM / DD / YYYY 11 / 17 / 2023 Transaction ID : 351CED0959524115B186
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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 Engineer - AME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beacham, Jimmie, A, , JR		Date of Receipt MM / DD / YYYY 12 / 15 / 2023 Transaction ID : 0976E7362E6544F89751
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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 Engineer - AME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 198
	<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	

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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. Beard, John, Walker, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 70B2ED4EE8BC4703BADE
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Medical Officer, Patient Care So	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beard, John, Walker, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 9E16C82DBA1643C2A44D
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Medical Officer, Patient Care So	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beard, John, Walker, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : D357469767EA4254B9F0
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Medical Officer, Patient Care So	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
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 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beard, John, Walker, ,

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) Chief Medical Officer, Patient Care So
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : DE6FAAE3B2C041EDBE6F

Amount of Each Receipt this Period
100.00

Memo Item

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

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) Chief Medical Officer, Patient Care So
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 60ED5B16C01E47F5B480

Amount of Each Receipt this Period
100.00

Memo Item

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

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) Chief Medical Officer, Patient Care So
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 69133DA9EF524112BD1B

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 198		
	<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

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

A. 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 ▼ 2288.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 9E153E2A92C84B23AAE1
 Amount of Each Receipt this Period 208.00
 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 ▼ 2288.00

Date of Receipt 08 / 25 / 2023
Transaction ID : ED6E9FC5EAAD4BAA8648
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 ▼ 2288.00

Date of Receipt 09 / 22 / 2023
Transaction ID : D1DE908575BA490B972A
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	624.00
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 13 OF 198
	<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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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. 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 ▼ 2288.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 159AC8D039DB4624A430
 Amount of Each Receipt this Period 208.00
 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 ▼ 2288.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : E748697B38EE4CDBA51B
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 ▼ 2288.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : C230A575BE6D4C9E9A50
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 14 OF 198
	<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
Blee, Robert, R, ,

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 7921FB77B3DF4FD489F9

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 4E77A34F97984EBE842D

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : B1C123AB5A664CEB8798

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 15 OF 198
	<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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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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blee, Robert, R, ,

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 22D285CD6D8A4EBF9564

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : A3A6E822BC004E34B3BC

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Global Capital Markets Leader
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 8C157177A2AB41ECBADE

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 16 OF 198
	<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	

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

A. Boers, Ryan, T., ,
 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 - Spin-off Management Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 32D3C6647A7F4562AD34
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Boers, Ryan, T., ,
 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 - Spin-off Management Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 32D2592F9DEE42749601
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Boers, Ryan, T., ,
 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 - Spin-off Management Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 4DFA979E0B5448A88069
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 17 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Butler, Truman, Kirkland, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023 Transaction ID : DB50BD86E3FC4DA48F3D
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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) Head of ERM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Butler, Truman, Kirkland, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023 Transaction ID : 0A73D9F04D774F7792ED
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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) Head of ERM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Butler, Truman, Kirkland, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023 Transaction ID : CE22C0761F524CFDA1E6
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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) Head of ERM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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: PAGE 18 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Butler, Truman, Kirkland, ,

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) Head of ERM
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 057B8E2FA35A45DBB596

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Head of ERM
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 546AEF3A9E4A44D1BD17

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Head of ERM
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 5BA7CA8923D645FD8E43

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 19 OF 198
	<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. Bysenk, Andrew, 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) Chief Software Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 092D23A65B8A4FFC87CF
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bysenk, Andrew, 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) Chief Software Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 7C12E2A1BBF946768C0F
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Claus-Landi, Peter, , ,
 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) Assistant Treasurer, Global Treasury O
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 4F8D140DBD95466BBA44
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 20 OF 198
	<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. Claus-Landi, Peter, , ,
 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) Assistant Treasurer, Global Treasury O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 18696CDDD3E34FC89BB8
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Claus-Landi, Peter, , ,
 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) Assistant Treasurer, Global Treasury O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 09 / 22 / 2023
Transaction ID : CA0DFD5A6D347C28F98
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Claus-Landi, Peter, , ,
 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) Assistant Treasurer, Global Treasury O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 735D2755EE99497A981A
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.00
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 21 OF 198
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coppock, Abigail, J, ,

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) Director, Clinical Operations, Quality
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 4C2F133AA7E64EF2AFBD

Amount of Each Receipt this Period
20.00

Memo Item

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

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) Director, Clinical Operations, Quality
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 7E751BF872CE40028CE2

Amount of Each Receipt this Period
20.00

Memo Item

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

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) Market Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 3987B069E95249A491D1

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.00
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 22 OF 198
	<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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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. Crew, Jason, B, ,
 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) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : C5E48DFC76F848769632
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Crew, Jason, B, ,
 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) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 0FC5D7E811304EA5959D
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Crew, Jason, B, ,
 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) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 75CBD4BD974C4C9D90E4
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 23 OF 198
	<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. Crew, Jason, B, ,
 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) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 11 / 17 / 2023
Transaction ID : CF13081A4049457EB460
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Crew, Jason, B, ,
 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) Market Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 12 / 15 / 2023
Transaction ID : C36E17AB8632496C8D36
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 07 / 28 / 2023
Transaction ID : F52407DA7117417595A6
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.00
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 24 OF 198
	<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. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 97D9D9FFE2734FBA86F8
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 515A4DECB0714F02B19F
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 125B61185EAC49C08D50
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 25 OF 198
	<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)
GE HealthCare Technologies Inc. PAC

A. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 26133AEE306447C09C0C
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Cubbin, Renae, , ,
 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 and Senior Tax Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 061D9BBA00894F7D95A5
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Davis, Darren, R, ,
 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) Senior Engineering Director, Enterpris
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : D7B0192620EE479685A9
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 26 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Davis, Darren, R, ,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 299921FC1BA64CB693DA
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Senior Engineering Director, Enterpris	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Delao, Andrew, J, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : C258398FC53A46228EA8
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
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 Marketing & Strategy Officer, US	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Delao, Andrew, J, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : DF0DA2550B6E4B889A82
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
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 Marketing & Strategy Officer, US	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 638.00	

SUBTOTAL of Receipts This Page (optional).....▶	136.00
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 27 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Delao, Andrew, J, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : A45AF6941533478D86CA
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Marketing & Strategy Officer, US	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Delao, Andrew, J, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 52AA16804FE24479B260
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Marketing & Strategy Officer, US	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Delao, Andrew, J, ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : DA65899EE3E246F5A4E7
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Marketing & Strategy Officer, US	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 638.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 28 OF 198
	<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
-----------------------------	-----------------------------	-----------------------------

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. Delao, Andrew, 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) Chief Marketing & Strategy Officer, US
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 150482561DAF495DBA49
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Depaulis, Mark, Joseph, ,
 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) Director of Medical Operations, Americ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 0BB7F7D9BB574E7F9B52
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Depaulis, Mark, Joseph, ,
 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) Director of Medical Operations, Americ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : A60530B629E341A9BAD1
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.00
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 29 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dondlinger, Heidi, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 8F313C82B6D64037BCCB
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Senior Global Product Manager, Patient	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dondlinger, Heidi, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 1BA8B15AEC964B4D8D02
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Senior Global Product Manager, Patien	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Donohoe, Michael, Patrick, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 42E9A85B2DF6437CB0C1
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Lean & Transformation Leader	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2288.00	

SUBTOTAL of Receipts This Page (optional).....	248.00
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 30 OF 198
	<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. 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 ▼ 2288.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 5376E8C80087477B90CC
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 2288.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 6325F988B47E4D89965D
 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 ▼ 2288.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 9E91465E5D3B4F5BB3F7
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 31 OF 198
	<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. 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 ▼ 2288.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : FC78067FBABB4D468DCE
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 2288.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 09B2808573AC4F46B1B1
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Donohue, Kevin, 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) Sr. International Tax Counsel and Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : CE19CD6D5AA549DABCD
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	474.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 32 OF 198
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 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)
GE HealthCare Technologies Inc. PAC

A. Donohue, Kevin, A, ,
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) Sr. International Tax Counsel and Tax
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 580.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 7D18D9BFEDB74FD8B2A0
Amount of Each Receipt this Period 58.00
Memo Item

B. Donohue, Kevin, A, ,
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) Sr. International Tax Counsel and Tax
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 580.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 7D5D175400AE4755A65C
Amount of Each Receipt this Period 58.00
Memo Item

C. Donohue, Kevin, A, ,
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) Sr. International Tax Counsel and Tax
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 580.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 98F020BE0FC4441E9E77
Amount of Each Receipt this Period 58.00
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 174.00
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 33 OF 198
	<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. Donohue, Kevin, 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) Sr. International Tax Counsel and Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 48B6CAFDEE224FB78640
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Donohue, Kevin, 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) Sr. International Tax Counsel and Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 2015E03FA89E4392BF58
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Ameri
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 07 / 28 / 2023
Transaction ID : A5697CE9704A43DCBC37
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 34 OF 198
	<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. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Ameri
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 08 / 25 / 2023
Transaction ID : 39AB0E6E634E4F668F8A
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Ameri
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 09 / 22 / 2023
Transaction ID : 780B812E4CB64EFB9CF2
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Ameri
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 10 / 20 / 2023
Transaction ID : C916BE411C0143EE9BEC
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 35 OF 198
	<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. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Amer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : FC41E930D5D049798094
 Amount of Each Receipt this Period
 58.00
 Memo Item

B. Dunham, Dustin, M, ,
 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) Head of Global Medical Services, Amer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : 8B794824B99E456088C1
 Amount of Each Receipt this Period
 58.00
 Memo Item

C. Dunn, John, M, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : DDB270F4C10146598EBE
 Amount of Each Receipt this Period
 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 36 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dunn, John, M, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 095A97FDE8D3496CBCA8
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
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 - Cyber Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dunn, John, M, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 58BA1A8744214E249C27
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
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 - Cyber Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. El-Demerdash, Mohamed, , ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : FFA8D591EF11476B8CF8
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) USCAN Service Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....	316.00
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 37 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EI-Demerdash, Mohamed, , ,

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) USCAN Service Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 9F7751EF332C418CAF6

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EI-Demerdash, Mohamed, , ,

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) USCAN Service Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : CC917FF2453D4D88B6A3

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EI-Demerdash, Mohamed, , ,

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) USCAN Service Leader
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 7050B5FA4698472CB0E7

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 38 OF 198
	<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. EI-Demerdash, Mohamed, , ,
 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) USCAN Service Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 61E558D918DF4031B812
 Amount of Each Receipt this Period 200.00
 Memo Item

B. EI-Demerdash, Mohamed, , ,
 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) USCAN Service Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : BD8E5B7145564272ADDE
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Epane-Osuala, Abigail, , ,
 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 Diversity Equity & Inclusion Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : CF919564A2924768B3CE
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 39 OF 198
	<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	

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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
Epane-Osuala, Abigail, , ,

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 Diversity Equity & Inclusion Off
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : D8C168453F084A12AAC9

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Epane-Osuala, Abigail, , ,

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 Diversity Equity & Inclusion Off
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : 5C039909DC0C4D58811B

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Epane-Osuala, Abigail, , ,

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 Diversity Equity & Inclusion Off
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : EFF2AA5BC8924CADB95E

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 40 OF 198
	<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. Epane-Osuala, Abigail, , ,
 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 Diversity Equity & Inclusion Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 89A27544BBA143268103
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Epane-Osuala, Abigail, , ,
 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 Diversity Equity & Inclusion Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 85B1D2464F074C9F969E
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Farr, Cassandra, 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) Executive, National Accounts & GPOs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 0BDBB2AA582140638A42
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
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 41 OF 198
	<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	

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Farr, Cassandra, A, ,

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, National Accounts & GPOs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : 4DBC389F78344421AF8F

Amount of Each Receipt this Period
58.00

Memo Item

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

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, National Accounts & GPOs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2023

Transaction ID : 35DEFDB6A0BD4D43BAD0

Amount of Each Receipt this Period
58.00

Memo Item

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

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, National Accounts & GPOs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2023

Transaction ID : 44C730393ADC42FD875A

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 42 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Farr, Cassandra, A, ,		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2023 Transaction ID : 5504C321130E4C60B678
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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) Executive, National Accounts & GPOs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Farr, Cassandra, A, ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2023 Transaction ID : 5BF0B4136E1D471996AB
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 58.00
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) Executive, National Accounts & GPOs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fenstermaker, Jeffrey, R, ,		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2023 Transaction ID : CA9F62945FDE466DAD2C
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 20.00
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) Principal Engineer, Siting and Install	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional).....	136.00
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 43 OF 198
	<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. Fenstermaker, Jeffrey, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 0D343DE73C8D40D7AE52
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Principal Engineer, Siting and Install	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gascon, Anthony, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : EFDDAE366599437887D1
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, MICT/ISS Milwaukee Operations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gascon, Anthony, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : EB30734BAF0A4DC08C6A
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, MICT/ISS Milwaukee Operations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 44 OF 198
	<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. Gilbreath, Rachel, D, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A1F9C71756A44410A1C1
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="208.00"/>
Occupation (for Individual) North East Region President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2080.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gilbreath, Rachel, D, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : DE93A10FCF7444F0928D
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="208.00"/>
Occupation (for Individual) North East Region President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2080.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gilbreath, Rachel, D, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C7A6F78B359649949A0F
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="208.00"/>
Occupation (for Individual) North East Region President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2080.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="624.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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 45 OF 198		
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilbreath, Rachel, D, ,

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) North East Region President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 3096FCA64CF047E49BDB

Amount of Each Receipt this Period
208.00

Memo Item

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

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) North East Region President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 8B472BB872204BA4B416

Amount of Each Receipt this Period
208.00

Memo Item

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

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) North East Region President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 03344FAE7D8143369CB1

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 46 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 14D653D68F4441C7A83D
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : A4A3DE966E6B472F8BE3
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 6557751A45CD466A871F
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 47 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : D72F2DF5E97C42FB88C3
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 9F6D8952555A458CA839
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Goyette, Mark, J, ,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 08DB8F0091CF434EB5B1
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Monitoring Solutions Supply Chain Lead	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 48 OF 198
	<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)
GE HealthCare Technologies Inc. PAC

A. Greenwell, Shari, Eileen, ,
 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) Market General Manager, Patient Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : CF27171724F6439E888F
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Greenwell, Shari, Eileen, ,
 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) Market General Manager, Patient Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 90B6E76B2FA4464C8BD5
 Amount of Each Receipt this Period 20.00
 Memo Item

C. 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
 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 ▼ 4160.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 55D75427AE504196B1E3
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	456.00
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 49 OF 198
	<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. Gurney, Laila, , ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 5F67F548FA5643B4B41D
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Quality & Regulatory 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 ▼ 4160.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gurney, Laila, , ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 112B978AA985472F9340
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Quality & Regulatory 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 ▼ 4160.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gurney, Laila, , ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 632525EAEF244AE8B843
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Quality & Regulatory 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 ▼ 4160.00	

SUBTOTAL of Receipts This Page (optional).....▶	1248.00
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 50 OF 198
	<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. 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
 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 ▼ 4160.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : A2ED246484514CC39C5A
 Amount of Each Receipt this Period 416.00
 Memo Item

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
 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 ▼ 4160.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 74AC39D286E24DABA417
 Amount of Each Receipt this Period 416.00
 Memo Item

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
 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 ▼ 2496.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 2A26D1D61755441F9196
 Amount of Each Receipt this Period 208.00
 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 51 OF 198
	<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. 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
 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 ▼ 2496.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 42B0AB43192047CDBB23
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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
 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 ▼ 2496.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 9E1D9CE4B12B4BD7A623
 Amount of Each Receipt this Period 208.00
 Memo Item

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
 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 ▼ 2496.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 25DF2866B3A24427B5C5
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 52 OF 198
	<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. 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
 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 ▼ 2496.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 455C6FC827824B878B0A
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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
 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 ▼ 2496.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 5F3350BE57F34E79A2D8
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Hannon, Pamela, 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) Executive - Retirement & Healthcare Le
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 4D9AA75E043E498A929E
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	474.00
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:	PAGE 53 OF 198
(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)
GE HealthCare Technologies Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hannon, Pamela, A, ,

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 - Retirement & Healthcare Le
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : E1ED9B68A9F6445785B0

Amount of Each Receipt this Period
58.00

Memo Item

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

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 - Retirement & Healthcare Le
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2023

Transaction ID : 308D5BE938984F1DB596

Amount of Each Receipt this Period
58.00

Memo Item

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

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 - Retirement & Healthcare Le
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2023

Transaction ID : 1FD5B8A7A01145CEA948

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 54 OF 198
	<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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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. Hannon, Pamela, 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) Executive - Retirement & Healthcare Le
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 11 / 17 / 2023
Transaction ID : 793C2A5301564498839E
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Hannon, Pamela, 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) Executive - Retirement & Healthcare Le
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 12 / 15 / 2023
Transaction ID : 9469750422DE4AA790A8
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Hanson, Vicki, L, ,
 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) Region Product Manager, MR, IMG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 17 / 2023
Transaction ID : BE3EBCE492114BD9B95C
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	136.00
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 55 OF 198
	<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. Hanson, Vicki, L, ,
 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) Region Product Manager, MR, IMG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : C88025D9D84B45D787F1
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Heble, Christopher, Lee, ,
 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) Sr. Director, MI Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 27444ACF0D424EBC8FC4
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Heble, Christopher, Lee, ,
 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) Sr. Director, MI Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 39D0433FBF4841F1AC97
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 56 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herring, Tamara, Y., ,

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 450F90FFDD45432BB500

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 2406767C29964331913F

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : E821BCF9A444457D9867

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 57 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herring, Tamara, Y., ,

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : EB5310FCD71E4B4DBC30

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : AF1B328B72FD4F17BE7C

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President - Dallas
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 729F655A9F034EB589EA

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 58 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hill, John, C, ,

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, Advanced Technology
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 5655332A1DBB45029A44

Amount of Each Receipt this Period
220.00

Memo Item

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

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, Advanced Technology
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : CD1F16A787274E8191EF

Amount of Each Receipt this Period
220.00

Memo Item

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

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, Advanced Technology
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 6D00F3F11119431B9EFE

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	660.00
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 59 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hill, John, C, ,

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, Advanced Technology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
10 / 20 / 2023

Transaction ID : 54490CF0313D42EC9F20

Amount of Each Receipt this Period
220.00

Memo Item

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

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, Advanced Technology
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
11 / 17 / 2023

Transaction ID : 1248109A0D404AA7A37B

Amount of Each Receipt this Period
220.00

Memo Item

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

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, Advanced Technology
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2640.00

Date of Receipt
12 / 15 / 2023

Transaction ID : 38A05D47604947C38AC0

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	660.00
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 60 OF 198
	<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. Holevas, Tracey, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F5E1C9867C1443F59196
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) VP - Clinical Research Operations		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holevas, Tracey, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2A3BED9B61440BA9765
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) VP - Clinical Research Operations		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Holevas, Tracey, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 22B14A4803DC4E05841E
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) VP - Clinical Research Operations		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 61 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Holevas, Tracey, B., ,

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 - Clinical Research Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 8CBFF8520C4B40DB9B0C

Amount of Each Receipt this Period
75.00

Memo Item

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

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 - Clinical Research Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : C5AA31851FE14EB5AA9F

Amount of Each Receipt this Period
75.00

Memo Item

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

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 - Clinical Research Operations
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 3E5E913E02AD4390A3D3

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 62 OF 198
	<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. Holmes, Clay, Allen, ,
 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) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 7E9F84512EF34B7A8422
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Holmes, Clay, Allen, ,
 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) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2023
Transaction ID : C83A61D666B84D85A03A
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Huntley, Christopher, Raymond, ,
 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, Clinical Accessories,
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 17 / 2023
Transaction ID : A1CF33D148794F3C9034
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 63 OF 198
	<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	

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. Huntley, Christopher, Raymond, ,
 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, Clinical Accessories,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 28B906AE5E744D739238
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hurley, James, P, ,
 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) GM Global Product Management Point
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 71DE3733B81C473988EA
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Hurley, James, P, ,
 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) GM Global Product Management Point c
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : F599AF22A91C43ECB0DA
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	136.00
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 64 OF 198
	<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. Hurley, James, P, ,
 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) GM Global Product Management Point
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : 51136B4BBCC74859AE9A
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Hurley, James, P, ,
 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) GM Global Product Management Point
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : 24802E857A864ABDBD6D
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Hurley, James, P, ,
 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) GM Global Product Management Point
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : 49BA3D8688574E0F9284
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 65 OF 198
	<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	

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. Hurley, James, P, ,
 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) GM Global Product Management Point
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : C187308A46FE45899B5E
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Jendusa Orrico, Jennifer, Marie, ,
 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 Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 8DFA82F8637642B18D34
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Jendusa Orrico, Jennifer, Marie, ,
 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 Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : D84411CB1BDF4F39A1BD
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	474.00
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 66 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jendusa Orrico, Jennifer, Marie, ,

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 Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : DC30909737624B4EBD73

Amount of Each Receipt this Period
208.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jendusa Orrico, Jennifer, Marie, ,

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 Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 1CAB6DD6A7FA4B358A99

Amount of Each Receipt this Period
208.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jendusa Orrico, Jennifer, Marie, ,

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 Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 74915D144F314704BB93

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 67 OF 198
	<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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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. Jendusa Orrico, Jennifer, Marie, ,
 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 Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : C48F813A5B6D4F46920D
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Jenkins, Emily, Everett, ,
 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) Market Vice President _ Chesapeake
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : C222552311724558B2B2
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Jenkins, Emily, Everett, ,
 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) Market Vice President _ Chesapeake
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 56AC131C85D54E9CA21F
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	324.00
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 68 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jenkins, Emily, Everett, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 6AC49CC0B57041EE8CF6
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President _ Chesapeake	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jenkins, Emily, Everett, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 17F212EEA2AE44808F0E
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President _ Chesapeake	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jenkins, Emily, Everett, ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 36006B8FD7DA4ED895DF
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President _ Chesapeake	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 638.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 69 OF 198
	<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. Jenkins, Emily, Everett, ,
 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) Market Vice President _ Chesapeake
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 2F32DEBD7B694DF4A194
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Jimenez, Frank, Ruben, ,
 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) General Counsel, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 3DB2D80F791C430B9832
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Jimenez, Frank, Ruben, ,
 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) General Counsel, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 710DEE99195F4B54BFCE
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.00
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 70 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jimenez, Frank, Ruben, ,

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) General Counsel, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : C1DAE59CE9B44082AF0F

Amount of Each Receipt this Period
416.00

Memo Item

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

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) General Counsel, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : BE2B38C343B64141BC25

Amount of Each Receipt this Period
416.00

Memo Item

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

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) General Counsel, GE Healthcare
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 040C031D017A4EB1B622

Amount of Each Receipt this Period
416.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 71 OF 198
	<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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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. Jimenez, Frank, Ruben, ,
 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) General Counsel, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 7A0BBB48A00240549E7D
 Amount of Each Receipt this Period 416.00
 Memo Item

B. Johnson, Alvira, , ,
 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) Value Stream Lean Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 51482DDEFEED4FF19592
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Johnson, Alvira, , ,
 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) Value Stream Lean Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 3950E503D44E4EFAA588
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	456.00
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 72 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Tyler, J, ,

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 9BB6BE351A52445AB80E

Amount of Each Receipt this Period
58.00

Memo Item

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

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 863446F939E5456889A4

Amount of Each Receipt this Period
58.00

Memo Item

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

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 47590D2576D748148E04

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 73 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Tyler, J, ,

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : AC80443C37B14C1A9745

Amount of Each Receipt this Period
58.00

Memo Item

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

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 0F58EC5A92D643B78F61

Amount of Each Receipt this Period
58.00

Memo Item

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

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) MR Modality Service GM
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : E701649F769A4AC7BEB2

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 74 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kautzer, Jeffrey, A, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 45AE7C9578AF436F8E5C
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Electrical Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kautzer, Jeffrey, A, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 422839A31AD348C6A15D
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Electrical Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kautzer, Jeffrey, A, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : EA211C35728942A2B300
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Electrical Engineer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 408.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 75 OF 198
	<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. Kautzer, Jeffrey, 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 Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : FD9F93D3587647B9B443
 Amount of Each Receipt this Period 34.00
 Memo Item

B. Kautzer, Jeffrey, 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 Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : DB912307F92A419EB439
 Amount of Each Receipt this Period 34.00
 Memo Item

C. Kautzer, Jeffrey, 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 Electrical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : A6019062106845BA9CB7
 Amount of Each Receipt this Period 34.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 76 OF 198
	<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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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. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : DE216166895F4A6A8A9C
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : 12A9D5F6B28146D59B06
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : 52EF54B6C8A848FC8803
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 77 OF 198
	<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. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : 10B4F0474275438C899E
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : 17CE3D2E01294AB89BF0
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Kelley, Scott, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : 53EB77A5805E4751BDC7
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 78 OF 198
	<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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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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khandaker, Jahidul, , ,

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 ▼
2288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : E4FBCD91A9E3469AB06B

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 957BB0DD54C14DB9B0FC

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 285527E1AE814B058471

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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:	PAGE 79 OF 198
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)
GE HealthCare Technologies Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khandaker, Jahidul, , ,

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 ▼
2288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2023

Transaction ID : 599C2002EEE04B508B3E

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2023

Transaction ID : 3B7F45739939425E89E4

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2023

Transaction ID : FD676011C43948D796A2

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 80 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kirschner, Daniel, , ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 75FA249EC1EE4360ADCE
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP, Global Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kirschner, Daniel, , ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 103FA64594B9401A966E
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP, Global Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirschner, Daniel, , ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 95387473072D45E7A43C
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP, Global Real Estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3744.00	

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 81 OF 198
	<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. 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 ▼ 3744.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 0C89084581FF4470BFDE
 Amount of Each Receipt this Period 416.00
 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 ▼ 3744.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 7900EF5B1B5445A0BCCD
 Amount of Each Receipt this Period 416.00
 Memo Item

C. 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 ▼ 3744.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 3CF5EC6D17864AEE9A52
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 82 OF 198
	<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. Kothapalli, Ramachandra, Rao, ,
 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) Quality & Reliability Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 01D1F058D836429092CA
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kranitz, Rachel, Ann, ,
 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) Senior Manager - Lease Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 15 / 2023
Transaction ID : CEE88972A8C94D679726
 Amount of Each Receipt this Period 20.00
 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 ▼ 2303.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 7B8917664DAD47B28856
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
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 83 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kulka, John, A., ,

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 ▼
2303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : B945400B4DCF41B3BF2B

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : B49D56F76BB94D9DACF9

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼
2303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 6C1D7350465443B584DC

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 84 OF 198
	<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
-----------------------------	-----------------------------	-----------------------------

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kulka, John, A., ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023 Transaction ID : 4B1F6346FAD34954A719
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 Financial Officer, USCAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2303.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kulka, John, A., ,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023 Transaction ID : 0DEEA05C48494924A561
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 Financial Officer, USCAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2303.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Larson, Betty, , ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023 Transaction ID : 0D6BC3C0A67540678ECB
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 150.00
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 People Officer, GE Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	566.00
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 85 OF 198
	<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. Larson, Betty, , ,
 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 People Officer, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 25 / 2023
Transaction ID : CCF8071F08854329B796
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Larson, Betty, , ,
 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 People Officer, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 22 / 2023
Transaction ID : BF1D66588854D1188FC
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Larson, Betty, , ,
 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 People Officer, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 07D644EA5C224D3DA57A
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 86 OF 198
	<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. Larson, Betty, , ,
 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 People Officer, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 08B587A5A4E546B1B944
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Larson, Betty, , ,
 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 People Officer, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 15 / 2023
Transaction ID : BEB4EBB03F494121ADA2
 Amount of Each Receipt this Period 150.00
 Memo Item

C. 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 Couns
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 07 / 28 / 2023
Transaction ID : CF66B3547A7142C1AEB0
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	508.00
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 87 OF 198
	<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. 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 ▼ 2080.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 1DDEE883EB9F45C69B82
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 2080.00

Date of Receipt 09 / 22 / 2023
Transaction ID : F0E4E13451144E658C01
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 ▼ 2080.00

Date of Receipt 10 / 20 / 2023
Transaction ID : B1EC290C9A614DC2A294
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 88 OF 198
	<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. 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 ▼ 2080.00

Date of Receipt 11 / 17 / 2023
Transaction ID : FEA4B76AF39B479382C6
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 2080.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 19D2A053DA504B8FB670
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 068768BD7B914104BB58
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	474.00
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 89 OF 198
	<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. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 08 / 25 / 2023
Transaction ID : B84701A3FE7D4A9F8E18
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 7780F029155F4A16A37E
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 06EEA0C6C05A4DBD9126
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 90 OF 198
	<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. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 11 / 17 / 2023
Transaction ID : 3C3CFE449CC0484185D3
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Letson, Hilarie, , ,
 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) Global Head of Business Continuity Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 12 / 15 / 2023
Transaction ID : 1CA5A25888A44AC685B0
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Li, Zhu, , ,
 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) GM, Global 1.5T Segment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 07 / 28 / 2023
Transaction ID : BBDCB5A6292F40BFA8FB
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	216.00
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 91 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Li, Zhu, , ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : A58D8E714B2A4CD6A5A8
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, Global 1.5T Segment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Li, Zhu, , ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 6D5277210A86488996D1
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, Global 1.5T Segment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Li, Zhu, , ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 98EA8F5E0FCD4554A1D3
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, Global 1.5T Segment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
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 92 OF 198
	<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)
GE HealthCare Technologies Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Li, Zhu, , ,			Date of Receipt MM / DD / YYYY 11 / 17 / 2023 Transaction ID : 5DDEE46E09964463A421		
Mailing Address 500 West Monroe Street			Amount of Each Receipt this Period 100.00		
City Chicago	State IL	Zip Code 60661	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) GM, Global 1.5T Segment			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Li, Zhu, , ,			Date of Receipt MM / DD / YYYY 12 / 15 / 2023 Transaction ID : C08F84A877E94C01B55B		
Mailing Address 500 West Monroe Street			Amount of Each Receipt this Period 100.00		
City Chicago	State IL	Zip Code 60661	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) GM, Global 1.5T Segment			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lombardi, Mark, G, ,			Date of Receipt MM / DD / YYYY 07 / 28 / 2023 Transaction ID : 3E6443475D1C415B8F6F		
Mailing Address 500 West Monroe Street			Amount of Each Receipt this Period 58.00		
City Chicago	State IL	Zip Code 60661	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) USCAN Business Leader, HFS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 696.00			

SUBTOTAL of Receipts This Page (optional).....	258.00
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 93 OF 198
	<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. Lombardi, Mark, G, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 137D4F99B4814A7AA0CD
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) USCAN Business Leader, HFS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lombardi, Mark, G, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : AD6B86610AF54C7D8794
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) USCAN Business Leader, HFS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lombardi, Mark, G, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : CC9CDD25ADEF460FBAD9
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) USCAN Business Leader, HFS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 94 OF 198
	<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. Lombardi, Mark, G, ,
 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) USCAN Business Leader, HFS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 11 / 17 / 2023
Transaction ID : C0306FEFB00842F68975
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Lombardi, Mark, G, ,
 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) USCAN Business Leader, HFS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 6FA7A046AF024FD3BDBF
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Marcella, Orrin, K, ,
 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 - Government Affairs and Pol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 07 / 28 / 2023
Transaction ID : D027C4B8214A444A91DC
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.00
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 95 OF 198
	<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. Marcella, Orrin, K, ,
 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 - Government Affairs and Pol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 61629C2E3B80418DB486
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Marcella, Orrin, K, ,
 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 - Government Affairs and Po
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 22 / 2023
Transaction ID : C97136D4766246D4BDF5
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Marcella, Orrin, K, ,
 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 - Government Affairs and Pol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 55FFF72D474F4E7E9504
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 96 OF 198
	<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. Marcella, Orrin, K, ,
 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 - Government Affairs and Po
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 11 / 17 / 2023
Transaction ID : 2754748198744E97B5C7
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Marcella, Orrin, K, ,
 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 - Government Affairs and Po
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 12 / 15 / 2023
Transaction ID : 49A30DBB8ECE4922AE36
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Mauro, Karen, Marie, ,
 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) Financial Crimes Compliance Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 11 / 17 / 2023
Transaction ID : 0CBC4769BD3F478781FE
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 97 OF 198
	<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. Mauro, Karen, Marie, ,
 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) Financial Crimes Compliance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 15 / 2023
Transaction ID : BE097BB5AB794F5E87D6
 Amount of Each Receipt this Period 20.00
 Memo Item

B. McKibben, Daniel, C, ,
 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) Integration Leader GEHC Ultrasound
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 3A11E897DB69472699C5
 Amount of Each Receipt this Period 40.00
 Memo Item

C. McLaughlin, Patty, , ,
 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) Modality General Manager, GI & Vascul
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 25 / 2023
Transaction ID : A26CE34BF59949ECB1B5
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 98 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Milbeck, Daniel, S, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 5E9B7447924345678E2C
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) General Counsel, USCAN	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Milbeck, Daniel, S, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 2E34D3BEDC2540FBB0F9
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) General Counsel, USCAN	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milbeck, Daniel, S, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 76B38E8F54474BB0B2A5
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) General Counsel, USCAN	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 99 OF 198
	<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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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. Milbeck, Daniel, S, ,
 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) General Counsel, USCAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 69423A3C40AF48B5AE34
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Milbeck, Daniel, S, ,
 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) General Counsel, USCAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : D066A05C4AE54F29A97F
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Milbeck, Daniel, S, ,
 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) General Counsel, USCAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 4AB67796AAACE407096C1
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 100 OF 198
	<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. Mlenar, Sean, M, ,
 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: 07 / 28 / 2023
 Transaction ID : 89748AD26FE7477F836A
 Amount of Each Receipt this Period: 58.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): GE Healthcare Occupation (for Individual): Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 696.00

B. Mlenar, Sean, M, ,
 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: 08 / 25 / 2023
 Transaction ID : 4DB2DBDBD79041F0A8DC
 Amount of Each Receipt this Period: 58.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): GE Healthcare Occupation (for Individual): Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 696.00

C. Mlenar, Sean, M, ,
 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: 09 / 22 / 2023
 Transaction ID : 38302831A71D4C11AC26
 Amount of Each Receipt this Period: 58.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): GE Healthcare Occupation (for Individual): Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 696.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.00
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 101 OF 198
	<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. Mlenar, Sean, M, ,
 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) Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 5988CF3A321142C8B0C6
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Mlenar, Sean, M, ,
 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) Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 11 / 17 / 2023
Transaction ID : CA65FE8ED5C046359D08
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Mlenar, Sean, M, ,
 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) Transfer Pricing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 26A3E9781DDD47CABBAD
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 102 OF 198		
	<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

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

A. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 536791E4D4244A61854E
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 15F18A3289FB4798BD73
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 47C4899BBC7440B3B637
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 103 OF 198
	<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

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. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 2E0F0FC976FB4D0CA9D1
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 4BB8B1DC5B404C8D8254
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Montgomery, Brian, Christopher, ,
 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 Strategy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 15 / 2023
Transaction ID : AA221134FD4F48E5A356
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 104 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morrison, Josephine, J, ,

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, Digital Field Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 27D1A279FD2447459316

Amount of Each Receipt this Period
25.00

Memo Item

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

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, Digital Field Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : D8B78347DC3041CD8E42

Amount of Each Receipt this Period
25.00

Memo Item

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

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, Digital Field Services
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : A4FBEB16708B41B7A92C

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 105 OF 198
<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"/>	<input type="checkbox"/> 17

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

A. Motley, Shannon, , ,
 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) Ultrasound Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 6B183D7D9D9E48F6A653
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Motley, Shannon, , ,
 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) Ultrasound Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 4D8768510C794C318D0D
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Motley, Shannon, , ,
 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) Ultrasound Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : A8E5A20A17D04BC09D76
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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: PAGE 106 OF 198
(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)
GE HealthCare Technologies Inc. PAC

A. Motley, Shannon, , ,
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) Ultrasound Account Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 1B9420B6A75C4D50AC00

Amount of Each Receipt this Period
58.00

Memo Item

B. Motley, Shannon, , ,
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) Ultrasound Account Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 8403623FD37B4EC9A9F0

Amount of Each Receipt this Period
58.00

Memo Item

C. Motley, Shannon, , ,
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) Ultrasound Account Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : B8ED8F3978224D21895E

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 107 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Muralidharan, Girish, K, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023 Transaction ID : 25F3FA327A8347E4BF44
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 50.00
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) SVP & GM, Enterprise Imaging and Adv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Muralidharan, Girish, K, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023 Transaction ID : 063FAAF AE1F04362A781
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 50.00
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) SVP & GM, Enterprise Imaging and Adv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muralidharan, Girish, K, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023 Transaction ID : 7A58B34D1AD549B8A296
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 50.00
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) SVP & GM, Enterprise Imaging and Adv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....	150.00
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 108 OF 198
	<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. Muralidharan, Girish, K, ,
 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) SVP & GM, Enterprise Imaging and Adv
 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
 10 / 20 / 2023
Transaction ID : 6ED83508C79C414A9063
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Muralidharan, Girish, K, ,
 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) SVP & GM, Enterprise Imaging and Adv
 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
 11 / 17 / 2023
Transaction ID : 701FD39001F648E7BE0B
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Muralidharan, Girish, K, ,
 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) SVP & GM, Enterprise Imaging and Adv
 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
 12 / 15 / 2023
Transaction ID : F8B35FE7EABD44979331
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 109 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Newcomb, George, Andrew, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 467E29392E3744CEBF59
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GEHC Global Controller	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.33	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Newcomb, George, Andrew, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : C8C1A1B7E8764325A06D
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GEHC Global Controller	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.33	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Newcomb, George, Andrew, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 92A1BAC537C74E938919
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GEHC Global Controller	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 228.33	

SUBTOTAL of Receipts This Page (optional).....▶	3.00
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 110 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newcomb, George, Andrew, ,

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) GEHC Global Controller
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 05EFDF2D8137469DBCE8

Amount of Each Receipt this Period
1.00

Memo Item

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

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) GEHC Global Controller
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 0F7D0BF856B24FE1836E

Amount of Each Receipt this Period
1.00

Memo Item

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

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) GEHC Global Controller
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 3973F7B10E2149F78D0C

Amount of Each Receipt this Period
1.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3.00
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 111 OF 198
	<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. Nustad, Timothy, 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 Technology Officer, X Ray
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 96A9B5F470804A5EB839
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Nustad, Timothy, 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 Technology Officer, X Ray
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 08 / 25 / 2023
Transaction ID : E57B313CFAFB416DB8BE
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Nustad, Timothy, 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 Technology Officer, X Ray
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 448BC000437C484B9C50
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 112 OF 198
	<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)
GE HealthCare Technologies Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nustad, Timothy, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 9BA353FC25AE4211B898
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Technology Officer, X Ray	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nustad, Timothy, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : B0B031F63B8A4B098F38
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Technology Officer, X Ray	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nustad, Timothy, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 687B4364033A4D1DAC5A
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Technology Officer, X Ray	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 113 OF 198		
	<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

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. Olsen, Scott, 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) Executive Plant Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 31265AEE7A3E4C32B0E5
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Olsen, Scott, 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) Executive Plant Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 4616675406D14A46892D
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Olsen, Scott, 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) Executive Plant Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 8994936E9F304706BF38
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 114 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olsen, Scott, A, ,

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 Plant Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : D6C515530DD9483591AD

Amount of Each Receipt this Period
58.00

Memo Item

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

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 Plant Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 89AFC88119EB4B41AA0C

Amount of Each Receipt this Period
58.00

Memo Item

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

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 Plant Leader
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 0825DB809AAB4271BD1A

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 115 OF 198
	<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. Oshea, Brandon, K, ,
 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) Senior Regulatory Affairs Manager, Dig
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.50

Date of Receipt **11 / 17 / 2023**
Transaction ID : A4819AB51F2A4C6D8988
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Oshea, Brandon, K, ,
 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) Senior Regulatory Affairs Manager, Dig
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.50

Date of Receipt **12 / 15 / 2023**
Transaction ID : 6B5DEF4341444FB89CBD
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Pauls, Kerry, L, ,
 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) HR Business Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 679DBB5AE82D4409A895
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
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 116 OF 198
	<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. Pauls, Kerry, L, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : B0BDD5F17C124C189DBB
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pauls, Kerry, L, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : ED3D27E70E164A38B669
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pauls, Kerry, L, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 7ECBBF52851248F180A4
City Chicago	State IL	
Zip Code 60661		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 117 OF 198
	<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. Pauls, Kerry, L, ,
 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) HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 13A44D1943E04136AEE0
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pauls, Kerry, L, ,
 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) HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2023
Transaction ID : 16E6ECA1C6E34909AAF2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Petrini, Michael, Francis, ,
 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 - Regulatory Affairs, Patien
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 3AB34863AA2A4217A5AC
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	258.00
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 118 OF 198		
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Petrini, Michael, Francis, ,

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 - Regulatory Affairs, Patien
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : 130C0FD1F49A4684BE60

Amount of Each Receipt this Period
58.00

Memo Item

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

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 - Regulatory Affairs, Patien
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2023

Transaction ID : 2DC9054D8CA74B78AF39

Amount of Each Receipt this Period
58.00

Memo Item

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

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 - Regulatory Affairs, Patien
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : 6C9EAEA77CBB4BE5B88C

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 119 OF 198
	<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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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. Petrini, Michael, Francis, ,
 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 - Regulatory Affairs, Patien
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 2521C1A97B734814BF16
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Petrini, Michael, Francis, ,
 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 - Regulatory Affairs, Patien
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 3ECB09D96B5249869D66
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Polzin, Jason, 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) GM, MR Applications Platform and Rese
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : DC0BA004B5A8489DBA96
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 120 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Polzin, Jason, A, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 61A7136E2D7E4365ADF9
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, MR Applications Platform and Res	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Polzin, Jason, A, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : AD944E6A81934581B506
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, MR Applications Platform and Res	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Polzin, Jason, A, ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : E4ED7730D2AA47D6A4BA
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) GM, MR Applications Platform and Res	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 696.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 121 OF 198
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polzin, Jason, A, ,

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) GM, MR Applications Platform and Res
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2023

Transaction ID : 1BA1BDA56DEC46CE8F4F

Amount of Each Receipt this Period
58.00

Memo Item

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

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) GM, MR Applications Platform and Res
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2023

Transaction ID : 33B68D82722344DBA0BF

Amount of Each Receipt this Period
58.00

Memo Item

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

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 - Cyber Security
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2023

Transaction ID : 1C1E0CA4D3B8486FA11F

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 122 OF 198
	<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. Qualm, Jaap, Roland, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 1BE7940CFCD54C2B878D
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Qualm, Jaap, Roland, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 6DE0478E20E24C32A68D
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Qualm, Jaap, Roland, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 20 / 2023
Transaction ID : B419BC645EC74DA6AB58
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 123 OF 198
	<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

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. Qualm, Jaap, Roland, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 66FF475D3389401BA8D2
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Qualm, Jaap, Roland, ,
 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 - Cyber Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 3F70D5E69BCF45708751
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Quinn, Andrew, , ,
 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, International Trade and Eco
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 2C6F6C10AFEE424C8D40
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 124 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quinn, Andrew, , ,

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, International Trade and Eco
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : 999B0D7FF3234ED697F2

Amount of Each Receipt this Period
58.00

Memo Item

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

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, International Trade and Eco
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : D391D21D448344978AC4

Amount of Each Receipt this Period
58.00

Memo Item

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

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, International Trade and Eco
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : AA63E6BA2A7C4C948472

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 125 OF 198
	<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
-----------------------------	-----------------------------	-----------------------------

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

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, International Trade and Eco
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 7AE82C9DFABF43E0BFFE

Amount of Each Receipt this Period
58.00

Memo Item

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

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, International Trade and Eco
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : EF3B0866549C4FB5A870

Amount of Each Receipt this Period
58.00

Memo Item

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

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 Image Guided Therapi
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : B523E5E82C5D4A49BF80

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.00
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 126 OF 198
	<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. Rackliffe, Philip, , ,
 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 Image Guided Therap
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2023
Transaction ID : 405E89A7B81244B39460
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rackliffe, Philip, , ,
 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 Image Guided Therap
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2023
Transaction ID : DAD2C77D1AB54CD792B1
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rackliffe, Philip, , ,
 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 Image Guided Therap
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 1625B4F60D884B539116
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 127 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rackliffe, Philip, , ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : E5828C6B8328450BA464
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO Image Guided Therap	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rackliffe, Philip, , ,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 39F942BF56044DE9A97A
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO Image Guided Therap	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rameswamy, Nagaraajan, , ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 5A18E487151245FE968E
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP - Software Engineering, Edison Ente	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 406.00	

SUBTOTAL of Receipts This Page (optional).....▶	158.00
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 128 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rameswamy, Nagaraajan, , ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : E5083F1A066A44CCB292
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP - Software Engineering, Edison Ente	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rameswamy, Nagaraajan, , ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 5FC054C91F724551B984
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP - Software Engineering, Edison Ente	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rapp, James, P, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : CFD6CD6E09B047E09A95
City Chicago	State IL	
Zip Code 60661	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Director of Strategic Alliances, IGS	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 351.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 129 OF 198
	<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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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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rapp, James, P, ,

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) Director of Strategic Alliances, IGS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
08 / 25 / 2023
Transaction ID : 3ABE0F9FDB284CCF8CCF

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Director of Strategic Alliances, IGS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
09 / 22 / 2023
Transaction ID : 3D56A122A14349CCA962

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Director of Strategic Alliances, IGS
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
351.00

Date of Receipt
10 / 20 / 2023
Transaction ID : 2B234888F5674429AB15

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 130 OF 198
	<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. Rapp, James, P, ,
 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) Director of Strategic Alliances, IGS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : E2550A9B9DEC416BA561
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Retzlaff, Heidi, B., ,
 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) Global Labor & Employment Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : 5A5D691A72DE4F60BFEC
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Retzlaff, Heidi, B., ,
 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) Global Labor & Employment Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : 92234FD155C04865B2ED
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 131 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Retzlaff, Heidi, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B3A5D3D131244CAE90C9
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) Global Labor & Employment Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="58.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Retzlaff, Heidi, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 67D573DAB1D84B90ACAB
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) Global Labor & Employment Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="58.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Retzlaff, Heidi, B., ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 8697098FFD2840838A3A
Name of Employer (for Individual) GE Healthcare		Occupation (for Individual) Global Labor & Employment Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="58.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="174.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 132 OF 198
	<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. Retzlaff, Heidi, B., ,
 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) Global Labor & Employment Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 4FCA2C6EC729423A839B
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Reyna, Jennifer, , ,
 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) Service Product Manager - Imaging and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : 98BE71089AFD48059C69
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Reyna, Jennifer, , ,
 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) Service Product Manager - Imaging and
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 872EC993DF414D08AA8F
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.00
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 133 OF 198		
	<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

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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. Robbins, George, E, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : AFFA09D35A964D20BECD
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Lean Leader Imaging	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robbins, George, E, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : B56B5E17452D44E1BED3
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Lean Leader Imaging	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Robbins, George, E, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 3224FB7DA7E644AA8A88
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Lean Leader Imaging	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	174.00
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 134 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Robbins, George, E, ,

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 Leader Imaging
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 44D947E23DF2403AB412

Amount of Each Receipt this Period
58.00

Memo Item

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

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 Leader Imaging
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 273A0DEF8CB24EF6B238

Amount of Each Receipt this Period
58.00

Memo Item

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

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 Leader Imaging
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 435E60B1C3ED4433A43A

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 135 OF 198
	<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. Rosales, Brittany, , ,
 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) Director - System Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 20ED5B77A732487EA81D
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rosales, Brittany, , ,
 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) Director - System Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2023
Transaction ID : DBA6D5863E424A308F88
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rowland, Chad, 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) GM, Global Premium CT & Photon Cour
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 8C5D597A7A814771BE8C
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 136 OF 198
	<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. Rowland, Chad, 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) GM, Global Premium CT & Photon Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 25 / 2023
Transaction ID : B2D0DF733BCA4C1C9C95
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Rowland, Chad, 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) GM, Global Premium CT & Photon Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 09 / 22 / 2023
Transaction ID : 85904677DBED49B1B0F6
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Rowland, Chad, 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) GM, Global Premium CT & Photon Cour
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 10 / 20 / 2023
Transaction ID : 4A786AEBB59C4E959E2A
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 137 OF 198
	<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"/>	<input type="checkbox"/> 17

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

A. Rowland, Chad, 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) GM, Global Premium CT & Photon Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : DEB039C7D7FB433B367
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Rowland, Chad, 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) GM, Global Premium CT & Photon Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : DB91EB6B1D9F431EA8FF
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Sandy, Neal, 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) GM, Monitoring Solutions, GE Healthcar
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : B5D61A58950B4494AD6C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 138 OF 198		
	<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

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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
Sandy, Neal, J, ,

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) GM, Monitoring Solutions, GE Healthca
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 5D1C71AE38B8452B9B69

Amount of Each Receipt this Period
50.00

Memo Item

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

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) GM, Monitoring Solutions, GE Healthca
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 5DACF89E785F44479F46

Amount of Each Receipt this Period
50.00

Memo Item

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

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) GM, Monitoring Solutions, GE Healthcar
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : D974A9855CA043FEA3F4

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 139 OF 198
	<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. Sandy, Neal, 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) GM, Monitoring Solutions, GE Healthca
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : F0AB74D434414E75BF82
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 4360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : C80641813AD44C658CD6
 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 ▼ 4360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : 37334A0BB3394BF5B050
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	882.00
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 140 OF 198
	<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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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. 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 ▼ 4360.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 9BA9BFA9B5A64973B920
 Amount of Each Receipt this Period 416.00
 Memo Item

B. 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 ▼ 4360.00

Date of Receipt **10 / 20 / 2023**
Transaction ID : 95881144CEAC46D7AAF8
 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 ▼ 4360.00

Date of Receipt **11 / 17 / 2023**
Transaction ID : FDC054FAB73241148F92
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 141 OF 198
	<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"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 4360.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : 2D516DF8EB0344A1AA04
 Amount of Each Receipt this Period 416.00
 Memo Item

B. Schmeling, John, M, ,
 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 Technology Officer, Ultrasound
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2346.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : C838930EC66E4535AE7B
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Schmeling, John, M, ,
 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 Technology Officer, Ultrasound
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2346.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 07C8C3D2852945BAA0EF
 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 142 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmeling, John, M, ,

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 Technology Officer, Ultrasound
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : 23485CA20DB644708D24

Amount of Each Receipt this Period
208.00

Memo Item

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

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 Technology Officer, Ultrasound
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 9023BE9EB74944E78888

Amount of Each Receipt this Period
208.00

Memo Item

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

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 Technology Officer, Ultrasound
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 0C733E69A73F403E85D7

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 143 OF 198
	<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. Schmeling, John, M.,
 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 Technology Officer, Ultrasound
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2346.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : B1057A77C3ED4ACFAEAC
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Senn, Mara, V.,
 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 Global Compliance Lead - In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 0F54EE9292964A9A8FC9
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Senn, Mara, V.,
 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 Global Compliance Lead - Inv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : B1C6B49ED4044BFB9D7B
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	324.00
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 144 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Senn, Mara, V., ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : F5B27FD96C416AB875
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Executive Global Compliance Lead - Inv	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Senn, Mara, V., ,		Date of Receipt MM / DD / YYYY 10 / 20 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : CEB345F57BFE45C08F78
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Executive Global Compliance Lead - Inv	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Senn, Mara, V., ,		Date of Receipt MM / DD / YYYY 11 / 17 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 3971295BC6254FFC9FB2
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Executive Global Compliance Lead - Inv	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 145 OF 198
	<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"/>	<input type="checkbox"/> 17

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

A. Senn, Mara, V., ,
 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 Global Compliance Lead - In
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : 20B7AAA0BEAF40A58F54
 Amount of Each Receipt this Period
 58.00
 Memo Item

B. Sikorski, Anthony, 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) MR Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1947.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : 12D01D02C7BA4294A8C0
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Sikorski, Anthony, 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) MR Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1947.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : D8A5EF199BEF4D8F9F6C
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	474.00
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 146 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sikorski, Anthony, J, ,

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) MR Chief Operating Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1947.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2023

Transaction ID : F9E724FAB4AE47478D72

Amount of Each Receipt this Period
208.00

Memo Item

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

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) MR Chief Operating Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1947.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2023

Transaction ID : 682736DA71A74E79BF01

Amount of Each Receipt this Period
208.00

Memo Item

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

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) MR Chief Operating Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1947.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2023

Transaction ID : 808E36EB67994FF1B43C

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
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 147 OF 198
	<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. Sikorski, Anthony, 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
 Date of Receipt: 12 / 15 / 2023
 Transaction ID : 60E20803713849BCA4BF
 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) MR Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 1947.00

B. Sires, Shenlee-Rae, Bernadette, ,
 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: 11 / 17 / 2023
 Transaction ID : 3674B769C10C4037A649
 Amount of Each Receipt this Period: 20.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Sr Sales Staff Manager - Order Manag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 230.00

C. Sires, Shenlee-Rae, Bernadette, ,
 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: 12 / 15 / 2023
 Transaction ID : 9980EAF31AE94750A652
 Amount of Each Receipt this Period: 20.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Sr Sales Staff Manager - Order Manag
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 230.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 248.00
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 148 OF 198
<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	

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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
Sjoberg, Thomas, Edmund, ,

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) Category Sourcing Executive - Mechani
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

Transaction ID : 6F5418F680924713A4CA

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Category Sourcing Executive - Mechan
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : 3E5657A578724B16A383

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Category Sourcing Executive - Mechan
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
653.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2023

Transaction ID : 9B5B6A66AD0D41B3AB86

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 149 OF 198		
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sjoberg, Thomas, Edmund, ,

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) Category Sourcing Executive - Mechani
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : D606B671D1E9410F9B36

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Category Sourcing Executive - Mechan
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : AA1453E8272B4556BF8F

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Category Sourcing Executive - Mechanic
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
653.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : F73399E2578F44089E67

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 150 OF 198
	<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. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 28 / 2023
Transaction ID : 534D0FC443D64D09BF24
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 25 / 2023
Transaction ID : E131D98669D24A908FD0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 876A645CD09C47D697DA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 151 OF 198
	<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. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : B4DD010D007B49F0A3DA
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : E40CF58D21F34F379C90
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Slupecki, Andrew, 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) GM, Global Logistics & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : 6F2600DC42E84387A02A
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 152 OF 198
	<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. Stacherski, Kenneth, , ,
 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) Head of Global Supply Chain and Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4576.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : F7FB09B8F972471BAFE3
 Amount of Each Receipt this Period 416.00
 Memo Item

B. Stacherski, Kenneth, , ,
 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) Head of Global Supply Chain and Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4576.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 69760BC2B07C433880DF
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Stacherski, Kenneth, , ,
 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) Head of Global Supply Chain and Servi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4576.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : CA8E4C3733964C85822D
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 153 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stacherski, Kenneth, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>20</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		20		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
10		20		2023								
Mailing Address 500 West Monroe Street		Transaction ID : 978645DB246541429372										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Head of Global Supply Chain and Servi	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stacherski, Kenneth, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>17</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		17		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
11		17		2023								
Mailing Address 500 West Monroe Street		Transaction ID : F010B358CB1545FC865E										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Head of Global Supply Chain and Servi	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4576.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stacherski, Kenneth, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>15</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		15		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
12		15		2023								
Mailing Address 500 West Monroe Street		Transaction ID : A1F8F7471FF642138AC1										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Head of Global Supply Chain and Servi	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4576.00											

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 154 OF 198
	<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. Stoddard, Scott, E, ,		Date of Receipt MM / DD / YYYY 07 / 28 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 639FBEF755314C22A8EE
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stoddard, Scott, E, ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 5D618964CF1C4646806F
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stoddard, Scott, E, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2023
Mailing Address 500 West Monroe Street		Transaction ID : 7D612202FF204D5EB78F
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Market Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 155 OF 198
	<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

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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
Stoddard, Scott, E, ,

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) Market Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2023

Transaction ID : B35E0E9C5CCE4748ACF6

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2023

Transaction ID : D51A85AA38EA416C81EF

Amount of Each Receipt this Period
58.00

Memo Item

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

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) Market Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2023

Transaction ID : 7C34CC83F2E245469AAB

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 156 OF 198
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stone, Mark, W, ,

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, Strategic Clients
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : C5A0CBA9DF0D4E3FA8B6

Amount of Each Receipt this Period
40.00

Memo Item

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

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, Strategic Clients
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 11D021045DDA4266912F

Amount of Each Receipt this Period
40.00

Memo Item

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

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, Strategic Clients
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 8E4791C3E0904920964B

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 157 OF 198
	<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

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

A. Stone, Mark, 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, Strategic Clients
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : E8479C150BDC44F1B295
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Sullivan, Lisa, M, ,
 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, Patient Care Solutions Qual
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 07A3FD30A3EA47E0A340
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Sullivan, Lisa, M, ,
 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, Patient Care Solutions Qual
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : 493E1B7F91BD4CD29AAF
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 158 OF 198		
	<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

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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
Sullivan, Lisa, M, ,

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, Patient Care Solutions Qual
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : E96D301551A64D68A302

Amount of Each Receipt this Period
58.00

Memo Item

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

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, Patient Care Solutions Qual
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 54EDDAF763DD44ABA74F

Amount of Each Receipt this Period
58.00

Memo Item

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

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, Patient Care Solutions Qual
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : C899E709076C4AA88463

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 159 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sullivan, Lisa, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4CA36D4BA2F04491BC6E
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="58.00"/>
Occupation (for Individual) Executive, Patient Care Solutions Qual		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="672.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tejero, Rosa, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 8B9A36290FE0416C86B7
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Financing Solutions Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tejero, Rosa, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 60FEA0011FE04648B5FD
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Financing Solutions Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 OF 198
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Terry, Jeffrey, R, ,

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) CEO, Command Centers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
07 / 28 / 2023
Transaction ID : 3874FAB202464367AA3A

Amount of Each Receipt this Period
50.00

Memo Item

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

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) CEO, Command Centers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
08 / 25 / 2023
Transaction ID : 65B33FF02CA9441CA54C

Amount of Each Receipt this Period
50.00

Memo Item

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

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) CEO, Command Centers

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 22 / 2023
Transaction ID : 4DBED1E24F894F31A545

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 161 OF 198
	<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. Terry, Jeffrey, R, ,
 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) CEO, Command Centers
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 42A0AC4DFB8D4DBC9502
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Terry, Jeffrey, R, ,
 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) CEO, Command Centers
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 17 / 2023
Transaction ID : A7A2D07A79F24A69A956
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Terry, Jeffrey, R, ,
 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) CEO, Command Centers
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2023
Transaction ID : F730524344D845F2B04C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 162 OF 198
	<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	

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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. Tower, Betsy, L, ,		Date of Receipt 11 / 17 / 2023 Transaction ID : 86F40B529C7349969E3E
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 20.00
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) Director of PAC and GAP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tower, Betsy, L, ,		Date of Receipt 12 / 15 / 2023 Transaction ID : F8AD1F1502304A53BB86
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 20.00
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) Director of PAC and GAP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Towne, Tonya, T., ,		Date of Receipt 12 / 15 / 2023 Transaction ID : AF8622FC6B8A4994A1B2
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 20.00
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) Global Director, ISC Digital Fulfillme	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 163 OF 198
	<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. Turner, Scott, W, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>17</td> <td>/</td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	17	/	2023
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	17	/	2023								
Mailing Address 500 West Monroe Street		Transaction ID : 78A00E1F0C5B47A483D0										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Executive, Strategic Clients	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turner, Scott, W, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>15</td> <td>/</td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	15	/	2023
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	15	/	2023								
Mailing Address 500 West Monroe Street		Transaction ID : E94F9ACA6E30411F96B3										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Executive, Strategic Clients	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Uhl, Carrie, Renee, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>28</td> <td>/</td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	28	/	2023
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	28	/	2023								
Mailing Address 500 West Monroe Street		Transaction ID : F3258607D33D4FE092BF										
City Chicago	State IL	Zip Code 60661										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Procurement 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 ▼ 1000.00											

SUBTOTAL of Receipts This Page (optional).....	140.00
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 164 OF 198
	<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. Uhl, Carrie, Renee, ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 08 / 25 / 2023
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : F41302C7B3ED46F0ACEF
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period
Occupation (for Individual) Chief Procurement Officer		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Uhl, Carrie, Renee, ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 09 / 22 / 2023
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : E21128DBB66442809590
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period
Occupation (for Individual) Chief Procurement Officer		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Uhl, Carrie, Renee, ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 10 / 20 / 2023
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : D2AC0AB561114F278764
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period
Occupation (for Individual) Chief Procurement Officer		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
1000.00		

SUBTOTAL of Receipts This Page (optional).....	300.00
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:	PAGE 165 OF 198
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<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. Umlauf, Debra, , ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2A3C8A5036FE49EB894C
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Senior Product Director Cardiology Sol		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vidonish, George, , , JR		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 76BB30C285904892B87E
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="116.00"/>
Occupation (for Individual) GM, Integrated Supply Chain Programs		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="812.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vidonish, George, , , JR		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : D8D0262A85AA42319848
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="116.00"/>
Occupation (for Individual) GM, Integrated Supply Chain Programs		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="812.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="252.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 166 OF 198
	<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. Vidonish, George, , , JR
 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) GM, Integrated Supply Chain Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 812.00

Date of Receipt 09 / 22 / 2023
Transaction ID : A3C027D38EB6449C9C35
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Vidonish, George, , , JR
 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) GM, Integrated Supply Chain Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 812.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 54507BF0BF2E48678D38
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Vidonish, George, , , JR
 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) GM, Integrated Supply Chain Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 812.00

Date of Receipt 11 / 17 / 2023
Transaction ID : 4A64E21C861240ECB8B0
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.00
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 167 OF 198
	<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. Vidonish, George, , , JR
 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) GM, Integrated Supply Chain Programs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
812.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : 4BAA3F8F688541ED8695

Amount of Each Receipt this Period
116.00

Memo Item

B. Walter, Deborah, , ,
 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) Oncology Engagement Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : 834F4CE44E3243F18A7B

Amount of Each Receipt this Period
90.00

Memo Item

C. Watkins, Christopher, S, ,
 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) Senior Director _ Data Strategy and Ar
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 5C1F37389CAC427099C7

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
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 168 OF 198		
	<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

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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
Watkins, Christopher, S, ,

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) Senior Director _ Data Strategy and Ar
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : DC1C060049ED4DCD90BE

Amount of Each Receipt this Period
20.00

Memo Item

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

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 Counsel - Intellectual Prope
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : 2E9401D02A4C4FB6B3F4

Amount of Each Receipt this Period
60.00

Memo Item

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

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 Counsel - Intellectual Prope
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : BD1AC0299E8E4A01B0A0

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
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 169 OF 198		
	<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

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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
Wawrzyn, Robert, Marc, ,

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 Counsel - Intellectual Prope
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023

Transaction ID : D339E12FBC0D4F48930C

Amount of Each Receipt this Period
60.00

Memo Item

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

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 Counsel - Intellectual Prope
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 9F45BF7F38C24E4082DC

Amount of Each Receipt this Period
60.00

Memo Item

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

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 Counsel - Intellectual Prope
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : F57B02FA187E4A3FB49D

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 170 OF 198
	<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. Wawrzyn, Robert, Marc, ,
 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 Counsel - Intellectual Prope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : 333AB1A832794F59A0E6
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Westrick, Thomas, 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, Patient Care Solutior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023
Transaction ID : 2B12968D2102402E9B97
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Westrick, Thomas, 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, Patient Care Solution
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : 8564D710DOCA460EA389
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	892.00
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 171 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Westrick, Thomas, J, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : D4D051DA9B714CA6833C
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="416.00"/>
Occupation (for Individual) President & CEO, Patient Care Solution		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4992.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Westrick, Thomas, J, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FAA12A617AF04B54A5BB
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="416.00"/>
Occupation (for Individual) President & CEO, Patient Care Solution		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4992.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Westrick, Thomas, J, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 972AA4BB2D5D46B383EC
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="416.00"/>
Occupation (for Individual) President & CEO, Patient Care Solution		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="4992.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1248.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 172 OF 198
	<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. Westrick, Thomas, 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, Patient Care Solution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : CC2B0622ACA448BA8162
 Amount of Each Receipt this Period 416.00
 Memo Item

B. Woodson, Alla, Konnova, ,
 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) GM, Anesthesia, Respiratory Care, and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : AEF5CB7E9B984C8182BB
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Woodson, Alla, Konnova, ,
 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) GM, Anesthesia, Respiratory Care, and
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 540E73D9E3E646B89422
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	496.00
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 173 OF 198		
	<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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodson, Alla, Konnova, ,

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) GM, Anesthesia, Respiratory Care, and
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : 097CFAAA876C493996DE

Amount of Each Receipt this Period
40.00

Memo Item

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

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) GM, Anesthesia, Respiratory Care, and
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023

Transaction ID : 05B1BC2B50EF47EABAF7

Amount of Each Receipt this Period
40.00

Memo Item

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

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) GM, Anesthesia, Respiratory Care, and
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : ACF3B602EFF647E4A0A5

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 174 OF 198
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wurzburger, Diane, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B22567991C8140BAB202
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="58.00"/>
Occupation (for Individual) Executive, Regulatory and Region Qual		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="696.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wurzburger, Diane, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4A061647E25F4635A379
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="58.00"/>
Occupation (for Individual) Executive, Regulatory and Region Qua		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="696.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wurzburger, Diane, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 183E67B9A805451F9593
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period <input type="text" value="58.00"/>
Occupation (for Individual) Executive, Regulatory and Region Quali		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="696.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="174.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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 175 OF 198		
	<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

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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
Wurzburger, Diane, M, ,

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, Regulatory and Region Qual
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : 6C09B4E3E3414C8C9DDF

Amount of Each Receipt this Period
58.00

Memo Item

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

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, Regulatory and Region Qua
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2023
Transaction ID : 89B36637FC6943C6BFBB

Amount of Each Receipt this Period
58.00

Memo Item

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

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, Regulatory and Region Quali
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023
Transaction ID : C4656108FDFE466E8CA3

Amount of Each Receipt this Period
58.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 176 OF 198
	<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. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt **07 / 28 / 2023**
Transaction ID : 81724F6D987841BBA8E0
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : E448D1AF3E1D4FE6AE5B
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt **09 / 22 / 2023**
Transaction ID : 8C6446E07A6A4F5887ED
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 177 OF 198
	<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. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 10 / 20 / 2023
Transaction ID : 49B6FCD881014579A8E8
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 11 / 17 / 2023
Transaction ID : C693B016A7534705A12F
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Zaman, Sabih, Qamaruz, ,
 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) Director, Service Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 12 / 15 / 2023
Transaction ID : DDDBF86B26C14EE0AF1A
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.00
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 178 OF 198
	<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. Zhang, Yihao, , ,
 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 China
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 07 / 21 / 2023
Transaction ID : 51E1D7427AB84ACEACA3
 Amount of Each Receipt this Period 416.00
 Memo Item

B. Zhang, Yihao, , ,
 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 China
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 08 / 25 / 2023
Transaction ID : D09D049C0C7640A5924A
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Zhang, Yihao, , ,
 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 China
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 22 / 2023
Transaction ID : FBAD8A72DA954C56B8E3
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
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 179 OF 198
	<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. 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
-----------------	-------------	-------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023

Transaction ID : B4031F340F2443F69054

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
-----------------	-------------	-------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023

Transaction ID : 38D8913B86E6428490DB

Amount of Each Receipt this Period
416.00

Memo Item

C. 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
-----------------	-------------	-------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : F275C013F3C8455EA1E1

Amount of Each Receipt this Period
416.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1248.00
TOTAL This Period (last page this line number only).....	60705.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Form A: Angie Craig For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Beatty For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Bilirakis For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Bonamici For Congress. Includes fields for Full Name, Mailing Address, City (Beaverton), State (OR), Zip Code (97075), Purpose of Disbursement (2024 Primary), Candidate Name (Bonamici, Suzanne, Marie), Office Sought (House), Disbursement For (2024 Primary), State (OR), District (01), Date of Disbursement (07/31/2023), FEC Identification Number (C00500421), Transaction ID (A0F9FB4208), and Amount of Each Disbursement (1000.00).

Form B: Brian Fitzpatrick For All Of Us. Includes fields for Full Name, Mailing Address, City (Langhorne), State (PA), Zip Code (19047), Purpose of Disbursement (2024 Primary), Candidate Name (Fitzpatrick, Brian, K.), Office Sought (House), Disbursement For (2024 Primary), State (PA), District (01), Date of Disbursement (12/11/2023), FEC Identification Number (C00607416), Transaction ID (F063B737FB5), and Amount of Each Disbursement (1000.00).

Form C: Bucshon For Congress. Includes fields for Full Name, Mailing Address, City (Newburgh), State (IN), Zip Code (47629-0250), Purpose of Disbursement (2024 Primary), Candidate Name (Bucshon, Larry, Dean), Office Sought (House), Disbursement For (2024 Primary), State (IN), District (08), Date of Disbursement (10/11/2023), FEC Identification Number (C00468256), Transaction ID (04A47DBE67), and Amount of Each Disbursement (1000.00).

SUBTOTAL of Disbursements This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement 2024 Primary Category/Type 011

Candidate Name McMorris Rodgers, Cathy, , ,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: WA District: 05

Date of Disbursement

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number

FEC Identification Number: C00390476 Transaction ID: B3CAD7B189 Amount of Each Disbursement this Period: 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chrissy Houlahan For Congress

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

Purpose of Disbursement 2024 Primary Category/Type 011

Candidate Name Houlahan, Christina, J., ,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: PA District: 06

Date of Disbursement

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number

FEC Identification Number: C00637371 Transaction ID: 931B971A2E7 Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Darrell Issa For Congress

Mailing Address 9070 Irvine Center Dr Ste 150

City Irvine State CA Zip Code 92618

Purpose of Disbursement 2024 Primary Category/Type 011

Candidate Name Issa, Darrell, Edward, ,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: CA District: 48

Date of Disbursement

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number

FEC Identification Number: C00721332 Transaction ID: 625F2696BD Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

Summary amounts: 6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W Race Ave

Date of Disbursement

Date of Disbursement form: 12 / 06 / 2023

City Chicago State IL Zip Code 60644

FEC Identification Number

FEC Identification Number form: C00172619

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 039D06A252f

Candidate Name

Amount of Each Disbursement this Period

Davis, Danny, K., ,

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [] Senate [] President State: IL District: 07

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

Date of Disbursement

Date of Disbursement form: 10 / 11 / 2023

City Weston State FL Zip Code 33326

FEC Identification Number

FEC Identification Number form: C00385773

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 448D7BE0554

Candidate Name

Amount of Each Disbursement this Period

Wasserman Schultz, Debbie, , ,

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [] Senate [] President State: FL District: 25

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd Ste 114

Date of Disbursement

Date of Disbursement form: 12 / 06 / 2023

City Altoona State PA Zip Code 16602

FEC Identification Number

FEC Identification Number form: C00674259

Purpose of Disbursement 2024 Primary

Category/Type form: 011

Transaction ID : 4060E1F539f

Candidate Name

Amount of Each Disbursement this Period

Joyce, John, , ,

Amount of Each Disbursement this Period form: 1000.00

Office Sought: [X] House [] Senate [] President State: PA District: 13

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

SUBTOTAL form: 3000.00

TOTAL form: 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper

State WY

Zip Code 82605

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name

Barrasso, John, Anthony, ,

Office Sought: House, Senate, President. State: WY, District: District:

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 12 / 06 / 2023

FEC Identification Number

C00436386

Transaction ID : EB8E38D249

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Mailing Address PO Box 10037

City Tallahassee

State FL

Zip Code 32302

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name

Dunn, Neal, Patrick, ,

Office Sought: House, Senate, President. State: FL, District: 02

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number

C00582304

Transaction ID : A89B9D74BA

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address PO Box 1131

City Greenville

State NC

Zip Code 27835

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name

Murphy, Gregory, Francis, , M.D.

Office Sought: House, Senate, President. State: NC, District: 03

Disbursement For: 2024 Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number

C00697649

Transaction ID : 487C15996C

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

4500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Fry For Congress

Mailing Address PO Box 14641

City
Surfside Beach

State
SC

Zip Code
29587

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name
Fry, Russell, W., ,

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C C00786657
Transaction ID : E333EA5CBF

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name
Guthrie, S. Brett, , ,

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	2	3

FEC Identification Number

C C00445023
Transaction ID : B7E92D37C7I

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name
Guthrie, S. Brett, , ,

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	2	3

FEC Identification Number

C C00445023
Transaction ID : 3C7625BD87

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	0	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Date of Disbursement

Date selection: MM/DD/YYYY = 10/11/2023

Mailing Address PO Box 1324

City Cape Girardeau

State MO

Zip Code 63702-1324

FEC Identification Number

C00541862

Transaction ID : 87B3457ACF

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

2024 Primary

011

Category/Type

Candidate Name

Smith, Jason, Thomas, ,

Office Sought:

House (checked), Senate, President

Disbursement For: 2024

Primary (checked), General, Other (specify)

State: MO

District: 08

Full Name (Last, First, Middle Initial)

B. Joe Morelle For Congress

Date of Disbursement

Date selection: MM/DD/YYYY = 12/06/2023

Mailing Address PO Box 90914

City Rochester

State NY

Zip Code 14609

FEC Identification Number

C00675108

Transaction ID : ED48AE48A5

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

2024 Primary

011

Category/Type

Candidate Name

Morelle, Joseph, D., ,

Office Sought:

House (checked), Senate, President

Disbursement For: 2024

Primary (checked), General, Other (specify)

State: NY

District: 25

Full Name (Last, First, Middle Initial)

C. John Curtis For Utah

Date of Disbursement

Date selection: MM/DD/YYYY = 12/11/2023

Mailing Address PO Box 296

City Provo

State UT

Zip Code 84603

FEC Identification Number

C00647339

Transaction ID : D84CAA36A1

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

2024 Convention

011

Category/Type

Candidate Name

Curtis, John, R., ,

Office Sought:

House, Senate (checked), President

Disbursement For: 2024

Primary, General, Other (specify) Convention (checked)

State: UT

District:

SUBTOTAL of Disbursements This Page (optional).....

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Katherine Clark For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	06	/	2023

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

FEC Identification Number

C C00541888

Transaction ID : BC0A944E01

Amount of Each Disbursement this Period

1500.00

Memo Item

City Washington

State DC

Zip Code 20003

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Clark, Katherine, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MA District: 05

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	11	/	2023

Mailing Address PO Box 1498

FEC Identification Number

C C00462861

Transaction ID : 940C646B730

Amount of Each Disbursement this Period

1000.00

Memo Item

City Concord

State NH

Zip Code 03302

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	06	/	2023

Mailing Address PO Box 327

FEC Identification Number

C C00502179

Transaction ID : A237E971811

Amount of Each Disbursement this Period

1000.00

Memo Item

City Madison

State WI

Zip Code 53701

Purpose of Disbursement
2024 Primary

011

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WI District: 02

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

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Marsha For Senate

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement
2024 Primary

011

Candidate Name

Blackburn, Marsha, Wedgeworth, ,

Category/
Type

Office Sought: House
 Senate
 President

State: TN District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C C00376939

Transaction ID : C118BAC377

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement
2026 Primary

011

Candidate Name

McConnell, Mitch, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: KY District:

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	2	3

FEC Identification Number

C C00193342

Transaction ID : 211D0295790

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement
2024 Primary

011

Candidate Name

Kelly, G. Mike, J., ,

Category/
Type

Office Sought: House
 Senate
 President

State: PA District: 16

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	2	3

FEC Identification Number

C C00474189

Transaction ID : 344F4CD0C9

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28c, 22-28b, 26-29, 27-30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5445 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement 2024 Primary

Candidate Name Thompson, Michael, C., ,

Office Sought: [X] House [] Senate [] President State: CA District: 04

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement 12 / 06 / 2023

FEC Identification Number C00326363 Transaction ID : BC3B233089 Amount of Each Disbursement this Period 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Miller-Meeks For Congress

Mailing Address PO Box 33

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement 2024 Primary

Candidate Name Miller-Meeks, Mariannette, Jane, ,

Office Sought: [X] House [] Senate [] President State: IA District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement 07 / 31 / 2023

FEC Identification Number C00558825 Transaction ID : 502E7BB0C4 Amount of Each Disbursement this Period 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement 2024 Primary

Candidate Name Moore, Gwendolynne, Sophia, ,

Office Sought: [X] House [] Senate [] President State: WI District: 04

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

011 Category/Type

Date of Disbursement 12 / 21 / 2023

FEC Identification Number C00397505 Transaction ID : D67DD3940A Amount of Each Disbursement this Period 1000.00

[] Memo Item

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

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

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement 2024 Primary

Candidate Name

Griffith, H. Morgan, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: VA District: 09

Date of Disbursement

Date of Disbursement form showing 07 / 31 / 2023

FEC Identification Number

C00477240

Transaction ID : 67AE9B79BE

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement 2024 Primary

Candidate Name

Griffith, H. Morgan, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: VA District: 09

Date of Disbursement

Date of Disbursement form showing 10 / 11 / 2023

FEC Identification Number

C00477240

Transaction ID : 5CE23F50A2f

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement 2024 Primary

Candidate Name

Horsford, Steven, Alexzander, ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: NV District: 04

Date of Disbursement

Date of Disbursement form showing 12 / 06 / 2023

FEC Identification Number

C00668228

Transaction ID : 6D6DFCCD1

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form showing 1000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

SUBTOTAL form showing 3000.00

TOTAL form showing 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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

Form A: Pallone For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Pallone For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Paul Tonko For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 5500.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernardino

State CA

Zip Code 92423

Purpose of Disbursement 2024 Primary

011

Candidate Name

Aguilar, Peter, Ray, ,

Category/Type

Office Sought: [X] House [] Senate [] President
State: CA District: 33

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement: 12 / 06 / 2023

FEC Identification Number

C00510461

Transaction ID : BA40EED8C

Amount of Each Disbursement this Period

1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Ter

City Springfield

State MA

Zip Code 01108

Purpose of Disbursement 2024 Primary

011

Candidate Name

Neal, Richard, Edmund, ,

Category/Type

Office Sought: [X] House [] Senate [] President
State: MA District: 01

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement: 10 / 11 / 2023

FEC Identification Number

C00226522

Transaction ID : 0BD9AFA9CE

Amount of Each Disbursement this Period

1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Ter

City Springfield

State MA

Zip Code 01108

Purpose of Disbursement 2024 Primary

011

Candidate Name

Neal, Richard, Edmund, ,

Category/Type

Office Sought: [X] House [] Senate [] President
State: MA District: 01

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement: 12 / 06 / 2023

FEC Identification Number

C00226522

Transaction ID : 50C8245DE9

Amount of Each Disbursement this Period

1000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Date of Disbursement

Date selection: 12 / 21 / 2023

Mailing Address 76 Magnolia Ter

City Springfield State MA Zip Code 01108

FEC Identification Number

C00226522

Purpose of Disbursement 2024 Primary

011 Category/Type

Transaction ID : BBBF149AC

Amount of Each Disbursement this Period

1500.00

Candidate Name

Neal, Richard, Edmund, ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: MA District: 01

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Fitzgerald For Congress

Date of Disbursement

Date selection: 10 / 11 / 2023

Mailing Address PO Box 484

City Oconomowoc State WI Zip Code 53066-0484

FEC Identification Number

C00720011

Purpose of Disbursement 2024 Primary

011 Category/Type

Transaction ID : C1667F6681D

Amount of Each Disbursement this Period

1000.00

Candidate Name

Fitzgerald, Scott, L., ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WI District: 05

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Fitzgerald For Congress

Date of Disbursement

Date selection: 12 / 06 / 2023

Mailing Address PO Box 484

City Oconomowoc State WI Zip Code 53066-0484

FEC Identification Number

C00720011

Purpose of Disbursement 2024 Primary

011 Category/Type

Transaction ID : 7EB56E9C6C

Amount of Each Disbursement this Period

1000.00

Candidate Name

Fitzgerald, Scott, L., ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WI District: 05

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Scott Peters For Congress

Mailing Address PO Box 22074

City San Diego

State CA

Zip Code 92192

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name

Peters, Scott, H., .

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: CA District: 50

Date of Disbursement

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number

C00503110

Transaction ID : 3F8D1705F14

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Shaheen For Senate

Mailing Address PO Box 33079

City Washington

State DC

Zip Code 20033

Purpose of Disbursement 2026 Primary

011 Category/Type

Candidate Name

Shaheen, Jeanne, . .

Office Sought: [] House [X] Senate [] President

Disbursement For: 2026 [X] Primary [] General [] Other (specify) v

State: NH District:

Date of Disbursement

Date of Disbursement: 10 / 11 / 2023

FEC Identification Number

C00457325

Transaction ID : C0018D10EA1

Amount of Each Disbursement this Period

1500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Steil For Wisconsin, Inc.

Mailing Address 1818 MILTON AVE # 1448

City JANESVILLE

State WI

Zip Code 53545-1129

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name

Steil, Bryan, G., .

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WI District: 01

Date of Disbursement

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number

C00677286

Transaction ID : 9536C3EB93

Amount of Each Disbursement this Period

2000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Form A: Tammy Baldwin For Senate. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Terri Sewell For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Terri Sewell For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 4000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh

State NC

Zip Code 27624

Purpose of Disbursement 2026 Primary

011 Category/Type

Candidate Name Tillis, Thomas, Roland, ,

Office Sought: Senate (checked), House, President. State: NC, District: District:

Disbursement For: 2026 Primary (checked), General, Other (specify)

Date of Disbursement

Date of Disbursement: 12 / 06 / 2023

FEC Identification Number

C00545772

Transaction ID : 384E9F86864

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 122 C St NW Ste 360

City Washington

State DC

Zip Code 20001

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name Cardenas, Tony, ,

Office Sought: House (checked), Senate, President. State: CA, District: 29

Disbursement For: 2024 Primary (checked), General, Other (specify)

Date of Disbursement

Date of Disbursement: 10 / 11 / 2023

FEC Identification Number

C00498873

Transaction ID : 69394535F38!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati

State OH

Zip Code 45209-0551

Purpose of Disbursement 2024 Primary

011 Category/Type

Candidate Name Wenstrup, Brad, R., ,

Office Sought: House (checked), Senate, President. State: OH, District: 02

Disbursement For: 2024 Primary (checked), General, Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number

C00497818

Transaction ID : 9300B8BA70

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

3500.00

65500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rapp, James, P, ,

Mailing Address 500 West Monroe Street

City
Chicago

State
IL

Zip Code
60661

Purpose of Disbursement
Refund of PAC Contributions

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2023			

FEC Identification Number

Transaction ID : 9E090470667

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Rachael Cabral Guevara

Mailing Address 190 River Island Court

City
Appleton

State
WI

Zip Code
54914

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2023

FEC Identification Number

C []

Transaction ID : 089B0111E73

Amount of Each Disbursement this Period

[] 2000.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[]		[]		[]

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[]		[]		[]

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

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

[] 2000.00 []

[] 2000.00 []