| Image# | 202401 | 31960 | 008197 | 708 |
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|        |        |       |        |     |

2.

01/31/2024 11 : 00

Nov 20 (M11) (Non-Election Year Only)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

Runoff (12R)

Special (30S)

PAGE 1 / 198

| Image# 202401319600819  | 708  |  |  | <b>01/31/20</b><br>PAGE 1 /   |
|---|--|--|--|-------------------------------|
| FEC<br>FORM 3X  | REPORT OF<br>AND DISBUI<br>For Other Than An Au                              | RSEMENTS                               | c  | Office Use Only               |
| 1. NAME OF<br>COMMITTEE (in full  | TYPE OR PRINT ▼  | Example: If typing, to over the lines. | 12FE4M5  |                               |
| GE HealthCare T   | echnologies Inc. PAC   |  |  |                               |
| ADDRESS (number and st<br>Check if different<br>than previously<br>reported. (ACC)                              | Suite 900  |  |  | 20005                         |
| 2. FEC IDENTIFICATI   |  | ITY▲<br>IS THIS<br>REPORT X (N)        | STATE A<br>OR (A)                                  | ZIP CODE                      |
| <ul> <li><b>4. TYPE OF REPO</b></li> <li>(Choose One)</li> <li>(a) Quarterly Report</li> </ul>                  | s:   | ar 20 (M3) Jun                         | 20 (M5) Aug 20<br>20 (M6) Sep 20<br>20 (M7) Oct 20 | (M9) (M9) (M9)                |
| April 15<br>Quarterly R<br>July 15<br>Quarterly R<br>October 15<br>Quarterly R<br>X<br>January 31<br>Year-End R | eport (Q1)<br>(C) 12-Day<br>PRE-Election<br>Report for the:                  | Primary (12P) Convention (12C          | General (12  | 2G) Runo                      |
| July 31 Mid<br>Report (Nor<br>Year Only)<br>Termination<br>(TER)  | -Year<br>-election<br>(d) 30-Day<br><b>POST</b> -Election<br>Report for the: | General (30G)                          | Runoff (30F  | R) Spec<br>in the<br>State of |

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

Covering Period

5.

Duncan, Monica, , , Type or Print Name of Treasurer

M M

07

D D

01

/

2023

| Signature of Treasurer | Duncan, Monica, , , | Date | 01 / | D D<br>31 | / | 2024 |
|------------------------|---------------------|------|------|-----------|---|------|
|                        |                     |      |      |           |   |      |

through

M M

12

D

31

2023

1

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

| Office |  |  |  | FEC FORM 3X  |
|--------|--|--|--|--------------|
| Use    |  |  |  | Rev. 05/2016 |
| Only   |  |  |  |              |

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

|     | FEC Form 3X (Rev. 05/2016)   | OF RECEIPTS AND DISBURSEMENTS     | Page <b>2</b>                     |
|-----|--|-----------------------------------|-----------------------------------|
| V   | Vrite or Type Committee Name   |                                   |                                   |
|     | GE HealthCare Technologies Ind   | c. PAC                            |                                   |
| F   | Report Covering the Period: From:  | M M / D D / Y Y Y Y<br>07 01 2023 | To:                               |
|     |  | COLUMN A<br>This Period           | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand<br>January 1, 2023  |                                   | 0.00                              |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 40807.91                          |                                   |
|     | (c) Total Receipts (from Line 19)  | 76103.50                          | 150491.33                         |
|     | <ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul> | 116911.41                         | 150491.33                         |
| 7.  | Total Disbursements (from Line 31)   | 67779.00                          | 101358.92                         |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 49132.41                          | 49132.41                          |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                              |                                   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                              |                                   |

X

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### GE HealthCare Technologies Inc. PAC

| Report Covering the Period: From: 07   |                               | D: 12 / 31 / 2023                 |
|--|-------------------------------|-----------------------------------|
| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| <ul> <li>11. Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> </ul> |                               |                                   |
| (i) Itemized (use Schedule A)  | 60705.00                      | 107362.00                         |
| (ii) Unitemized<br>(iii) TOTAL (add  | 15398.50                      | 43129.33                          |
| Lines 11(a)(i) and (ii)  | 76103.50                      | 150491.33                         |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| <ul> <li>(c) Other Political Committees<br/>(such as PACs)</li></ul>   | 0.00                          | 0.00                              |
| 11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5)   | 76103.50                      | 150491.33                         |
| 12. Transfers From Affiliated/Other<br>Party Committees  | 0.00                          | 0.00                              |
| 13. All Loans Received   | 0.00                          | 0.00                              |
| <ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>  | 0.00                          | 0.00                              |
| <ul><li>(Refunds, Rebates, etc.)</li><li>(Carry Totals to Line 37, page 5)</li><li>16. Refunds of Contributions Made</li></ul>           | 0.00                          | 0.00                              |
| to Federal Candidates and Other<br>Political Committees  | 0.00                          | 0.00                              |
| <ol> <li>Other Federal Receipts<br/>(Dividends, Interest, etc.)</li> <li>Transfers from Non-Federal and Levin Funds</li> </ol>           | 0.00                          | 0.00                              |
| (a) Non-Federal Account<br>(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).......►



#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 79.92 Expenditures ..... (c) Total Operating Expenditures 79.92 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 99000.00 65500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 279.00 279.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 279.00 279.00 29. Other Disbursements (Including 2000.00 Non-Federal Donations)..... 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 Total Federal Election Activity (add (C) 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

| Γ   | FEC Form 3X (Rev. 05/2016)   | DETAILED SUMMARY PAGE<br>of Disbursements | -<br>Page <b>5</b>                |
|-----|--|---|-----------------------------------|
|     | III. Net Contributions/<br>Operating Expenditures                        | COLUMN A<br>Total This Period             | COLUMN B<br>Calendar Year-to-Date |
| 33. | Total Contributions (other than loans)<br>(from Line 11(d), page 3)      | 76103.50                                  | 150491.33                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                          | 279.00                                    | 279.00                            |
| 35. | Net Contributions (other than loans)<br>(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<br>(subtract Line 37 from Line 36)            | 0.00                                      | 79.92                             |

# SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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| IТ           | EMIZED RECEIPTS  |                 | Use separate schedule(s) (<br>for each category of the |                                     |              |                 | (check only one) |            |           |           |        |       |  |
|--------------|--|-----------------|--|-------------------------------------|--------------|-----------------|------------------|------------|-----------|-----------|--------|-------|--|
| 11           | LIVILLED REVEILIO  |                 |  | d Summary Page                      |              | <b>X</b> 11a    |                  | 11b        | 11c       | 12        | Г      |       |  |
|              | y information copied from such Reports and S                             |                 |  |                                     |              |                 |                  |            |           |           | butio  |       |  |
| or           | for commercial purposes, other than using the                            | name and a      | ddress of  | any political committee             | to s         | olicit cor      | ntrib            | outions fi | rom such  | n comm    | nittee |       |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  | _               |  |                                     |              |                 |                  |            |           |           |        |       |  |
|              | GE HealthCare Technologies Ir  | nc. PAC         |  |                                     |              |                 |                  |            |           |           |        |       |  |
| -            | Full Name of Individual (Last, First, Middle Init                        | tial) or Full C | rganizatio   | n Name                              |              |                 |                  |            |           |           |        |       |  |
| Α.           | Arduini, Peter, J, ,   |                 |  |                                     | _            | Date of         | f Re             | eceipt     |           |           |        |       |  |
|              | Mailing Address 500 West Monroe Street                                   |                 |  |                                     | 07 28 2023   |                 |                  |            |           |           |        |       |  |
|              | City   | State           | Zip C  | Code                                |              | Trans           | acti             | ion ID :   | 04ECB7    | B80474    | 14F5   | CA4AF |  |
|              | Chicago  | IL              | 606  | 61                                  | _            |                 |                  |            | eceipt th |           |        | -     |  |
|              | FEC ID number of contributing federal political committee.               | С               |  |                                     |              | <u> </u>        |                  | -          |           | 41        | 6.00   |       |  |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                 | • •  | or Individual)<br>EO, GE Healthcare |              | M               | emo              | tem        |           |           |        |       |  |
|              | Receipt For:   | ate <b>V</b>    |  |                                     |              |                 |                  |            |           |           |        |       |  |
|              | Primary General  |                 |  |                                     |              |                 |                  |            |           |           |        |       |  |
|              | Other (specify) <b>v</b>   |                 | 7  | 4576.00                             |              |                 |                  |            |           |           |        |       |  |
| в.           |  |                 |  |                                     |              |                 |                  | eceipt     |           |           |        |       |  |
|              | Mailing Address 500 West Monroe Street                                   |                 | Zip C  |                                     |              | 08              | /                | D D<br>25  | / Y       | y<br>2023 | Ý      | ]     |  |
|              | City<br>Chicago  | State<br>IL     | _  |                                     |              |                 | 9805105          |            |           | 85EF      |        |       |  |
|              | <b>T</b>   |                 | 606  |                                     |              | Amouni          |                  | Each R     | eceipt th | is Perio  | bu     | _     |  |
|              | FEC ID number of contributing federal political committee.               | C               |  |                                     |              | Ļ.              |                  | - <b>T</b> |           | 41        | 6.00   |       |  |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                 | •  | or Individual)<br>EO, GE Healthcare |              | M               | emo              | ltem       |           |           |        |       |  |
|              | Receipt For:   | Aggregate       | Year-to-D  | ate 🔻                               |              |                 |                  |            |           |           |        |       |  |
|              | Primary General<br>Other (specify) ▼                                     |                 | 4  | 4576.00                             |              |                 |                  |            |           |           |        |       |  |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Ini<br>Arduini, Peter, J, , | tial) or Full C | rganizatio   | n Name                              |              | Date of         | f Re             | eceipt     |           |           |        |       |  |
|              | Mailing Address 500 West Monroe Street                                   |                 |  |                                     |              | <sup>M</sup> 09 | /                | D D D 22   | / Y       | 2023      |        | 1     |  |
|              | City   | State           | Zip C  |                                     |              |                 |                  |            | 95CE7E    |           |        | 9B6AC |  |
|              | Chicago  | IL              | 606  | ö1                                  | _            | Amount          | t of             | Each R     | eceipt th | is Perio  | bd     |       |  |
|              | FEC ID number of contributing federal political committee.               | С               |  |                                     |              |                 |                  | <u>y</u>   | 9         | 41        | 6.00   |       |  |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                 |  | or Individual)<br>EO, GE Healthcare |              | M               | emc              | o Item     |           |           |        |       |  |
|              | Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate       | Year-to-D  | ate ▼<br>4576.00                    |              |                 |                  |            |           |           |        |       |  |
| s            | UBTOTAL of Receipts This Page (optional)                                 |                 |  |                                     | <u> </u><br> |                 |                  | ,          | ,         | 124       | 8.00   |       |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

#### SCHEDULE A (FEC Form 3X) DECEIDE

Use separate schedule(s)

FOR LINE NUMBER:

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| IT.          | TEMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the |   |                        | (check only one) |       |           |                     |          |        |       |  |  |
|--------------|---|------------------|--|---|------------------------|------------------|-------|-----------|---------------------|----------|--------|-------|--|--|
| 11           | LIVILLED RECEIPIS   |                  |  | Detailed Summary Page                             |                        | X 11a            |       | 11b       | 11c                 | 12       |        | _، ٦  |  |  |
|              | y information copied from such Reports and s  |                  |  |   |                        |                  |       |           |                     |          |        |       |  |  |
| or           | for commercial purposes, other than using the   | e name and a     | addr   | ess of any political committee                    | to s                   | solicit cor      | ntrib | outions f | rom such            | n comm   | ittee. |       |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                  |  |   |                        |                  |       |           |                     |          |        |       |  |  |
|              | GE HealthCare Technologies I  | nc. PAC          |  |   |                        |                  |       |           |                     |          |        |       |  |  |
|              | Full Name of Individual (Last, First, Middle In   | itial) or Full C | Drga   | nization Name                                     |                        |                  |       |           |                     |          |        |       |  |  |
| Α.           | Arduini, Peter, J, ,  |                  |  |   |                        | Date of          | r Re  | eceipt    |                     |          |        |       |  |  |
|              | Mailing Address 500 West Monroe Street  |                  |  |   | 10 20 <u>Y Y Y Y Y</u> |                  |       |           |                     |          |        |       |  |  |
|              | City  | State            | State Zip Code                                       |   |                        |                  |       |           | CB1C2D              | 636603   | 4874   | 85F7  |  |  |
|              | Chicago   | IL               |  | 60661   | _                      | Amount           | t of  | Each R    | eceipt th           | is Perio | d      |       |  |  |
|              | FEC ID number of contributing federal political committee.  | С                |  |   |                        |                  |       | -         |                     | 416      | 6.00   |       |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                  | •  | tion (for Individual)<br>nt & CEO, GE Healthcare  |                        | M                | emc   | ltem      |                     |          |        |       |  |  |
|              | Receipt For:  | Aggregate        | Yea  | ar-to-Date 🔻                                      |                        |                  |       |           |                     |          |        |       |  |  |
|              | Primary     General       Other (specify) ▼   |                  | -  | 4576.00   |                        |                  |       |           |                     |          |        |       |  |  |
| В.           | Full Name of Individual (Last, First, Middle In Arduini, Peter, J, ,  | itial) or Full C | Drga   | nization Name                                     |                        | Date of          | f Re  | eceipt    |                     |          |        |       |  |  |
|              | Mailing Address 500 West Monroe Street  |                  |  | <sup>M</sup> 11                                   | 1                      | D D<br>17        | / Y   | 2023      | Y                   |          |        |       |  |  |
|              | City<br>Chicago   | State<br>IL      |  | Zip Code<br>60661                                 |                        |                  |       |           | 4FF2C5E             |          |        | A67A  |  |  |
|              | •   | 1.2              | -  | 00001   | -                      | Amount           | t of  | Each R    | eceipt th           | is Perio | d      | _     |  |  |
|              | FEC ID number of contributing federal political committee.  | С                |  |   |                        | Ľ.               |       | 7         |                     | 416      | 6.00   |       |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                  |  | tion (for Individual)<br>ent & CEO, GE Healthcare |                        | M                | emc   | ltem      |                     |          |        |       |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate        | Yea  | ar-to-Date ▼<br>4576.00                           |                        |                  |       |           |                     |          |        |       |  |  |
| с.           | Full Name of Individual (Last, First, Middle In Arduini, Peter, J, ,  | itial) or Full C | Drga   | nization Name                                     |                        | Date of          | f Re  | eceipt    |                     |          |        |       |  |  |
|              | Mailing Address 500 West Monroe Street  |                  |  | 1   |                        | 12 <sup>M</sup>  | L.    | D 15      | JL                  | 2023     |        |       |  |  |
|              | City<br>Chicago   | State<br>IL      |  | Zip Code<br>60661                                 | $\vdash$               |                  |       | -         | A2E02C<br>eceipt th |          |        | 3844C |  |  |
|              | FEC ID number of contributing federal political committee.  | С                |  |   |                        |                  |       | J         |                     |          | 6.00   |       |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                  | •  | tion (for Individual)<br>nt & CEO, GE Healthcare  |                        | М                | emo   | tem       |                     |          |        |       |  |  |
|              | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       4576.00 |                  |  |   |                        |                  |       |           |                     |          |        |       |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |                  |  | •   | <br>_                  |                  |       | ,         | ,                   | 1248     | 3.00   |       |  |  |

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

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# SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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| 171          |   |                       | (che  | (check only one) |                              |       |                   |                              |                               |              |  |  |
|--------------|---|-----------------------|---|------------------|------------------------------|-------|-------------------|------------------------------|-------------------------------|--------------|--|--|
| 111          | EMIZED RECEIPTS   |                       | for each category of the<br>Detailed Summary Page |                  | 11a                          |       | 11b               | 11c                          | 12                            | <u> </u>     |  |  |
| An<br>or     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements maname and a | address of any political committee                | erson f<br>to so | 13<br>for the p<br>licit con | ourpo | se of<br>tions fr | 15<br>soliciting<br>rom such | 16<br>  contribu<br>n committ | tions<br>ee. |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                       |   |                  |                              |       |                   |                              |                               |              |  |  |
| $\Big)$      | GE HealthCare Technologies Inc  | c. PAC                |   |                  |                              |       |                   |                              |                               |              |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initia<br>Beacham, Jimmie, A, , JR                 | al) or Full C         | Organization Name                                 |                  | Date of                      | Rec   | eipt              |                              |                               |              |  |  |
|              | Mailing Address 500 West Monroe Street  |                       |   |                  | м м<br>07                    | /     | D D<br>28         | / Y                          | y y<br>2023                   | Y            |  |  |
|              | City  | State                 | Zip Code  |                  | Transa                       | actio | n ID :            | 4F8A4FI                      | D1F55047                      | ABA286       |  |  |
|              | Chicago   | IL                    | 60661   |                  | Amount                       | of E  | ach R             | eceipt th                    | is Period                     |              |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С                     |   |                  |                              |       |                   |                              | 58.                           | 00           |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                       | cupation (for Individual)<br>ief Engineer - AME   |                  | Me                           | emo   | ltem              |                              |                               |              |  |  |
|              | Receipt For:  | Aggregate             | e Year-to-Date ▼                                  |                  |                              |       |                   |                              |                               |              |  |  |
|              | Primary General<br>Other (specify) ▼  |                       | 696.00  |                  |                              |       |                   |                              |                               |              |  |  |
| B.           | Full Name of Individual (Last, First, Middle Initia<br>Beacham, Jimmie, A, , JR                 | al) or Full C         | Organization Name                                 |                  | Date of                      | Rec   | eipt              |                              |                               |              |  |  |
|              | Mailing Address 500 West Monroe Street  |                       |   |                  | 08 / 25 / 2023               |       |                   |                              |                               |              |  |  |
|              | City  | State                 | Zip Code  |                  | Transa                       | actio | n ID : 9          | 9366335                      | C9E2247                       | 788EC8       |  |  |
|              | Chicago   | IL                    | 60661   |                  | Amount                       | of E  | ach R             | eceipt th                    | is Period                     |              |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С                     |   |                  |                              |       | -                 | 58.                          | 00                            |              |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                       | cupation (for Individual)<br>ief Engineer - AME   |                  | Me                           | emo   | ltem              |                              |                               |              |  |  |
|              | Receipt For:  |                       |   | _                |                              |       |                   |                              |                               |              |  |  |
|              | Primary General   | Aggregate             | e Year-to-Date ▼                                  |                  |                              |       |                   |                              |                               |              |  |  |
|              | Other (specify) ▼   | L                     | 696.00  |                  |                              |       |                   |                              |                               |              |  |  |
| с.           | Full Name of Individual (Last, First, Middle Initia<br>Beacham, Jimmie, A, , JR                 | al) or Full C         | Organization Name                                 |                  | Date of                      | Rec   | eipt              |                              |                               |              |  |  |
|              | Mailing Address 500 West Monroe Street  |                       |   |                  | <sup>M</sup> 09              | 1     | D D<br>22         | L                            | y y<br>2023                   |              |  |  |
|              | City<br>Chicago   | State<br>IL           | Zip Code<br>60661                                 |                  |                              |       |                   |                              | 4749D41<br>is Period          | CABD9C       |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С                     |   |                  |                              |       |                   | . <u>,</u>                   | 58.                           | 00           |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare  |                       | cupation (for Individual)<br>ief Engineer - AME   |                  | Me                           | emo   | ltem              |                              |                               |              |  |  |
|              | Receipt For:  | Aggregate             | e Year-to-Date ▼                                  |                  |                              |       |                   |                              |                               |              |  |  |
|              | Other (specify)   |                       | 696.00  |                  |                              |       |                   |                              |                               |              |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |                       |   | .                |                              |       |                   |                              | 174.(                         | 00           |  |  |
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FEC Schedule A (Form 3X) Rev. 06/2016

# SCHEDULE A (FEC Form 3X) DEAEIDTA

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| ITEMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page  | X 11a                             |                  | 1c 12<br>5 16  | 17      |  |  |  |  |
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>GE HealthCare Technologies In   | name and a                               | ay not be sold or used by any pe<br>ddress of any political committee                          | erson for the p<br>to solicit con | ourpose of solid | citing contrib | utions  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initi<br>Beacham, Jimmie, A, , JR<br>Mailing Address 500 West Monroe Street<br>City<br>Chicago<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | State<br>IL                              | Zip Code<br>60661  | 10<br>Transa<br>Amount            | Receipt          | pt this Perio  | 3AEBFD4 |  |  |  |  |
| GE Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) ▼   |  | ef Engineer - AME<br>Year-to-Date ▼<br>696.00  |                                   |                  |                |         |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initi         Beacham, Jimmie, A, , JR         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify) ▼ | State<br>IL<br>Occ:<br>Chie<br>Aggregate | Zip Code<br>60661<br>upation (for Individual)<br>ef Engineer - AME<br>Year-to-Date V<br>696,00 | Transa<br>Amount                  | Receipt          | pt this Perio  | 115B186 |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initi         Beacham, Jimmie, A, , JR         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary         General         Other (specify)         | State<br>IL<br>Occu<br>Chie              | Zip Code<br>60661<br>upation (for Individual)<br>of Engineer - AME<br>Year-to-Date ▼<br>696.00 | Amount                            | Receipt          | pt this Perio  | 4F89751 |  |  |  |  |
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| ITEMIZED RECEIPTS   |                      | Use separate schedule(s)<br>for each category of the                  |                                     |                 | (check only one) |       |         |            |             |          |  |  |
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| or for commercial purposes, other than using                              | the name and a       | iddress of an   | y political committee               | e to so         | olicit cor       | ntrib | utions  | from such  | h committ   | ee.      |  |  |
|   |                      |   |                                     |                 |                  |       |         |            |             |          |  |  |
| GE HealthCare Technologies  | s Inc. PAC           |   |                                     |                 |                  |       |         |            |             |          |  |  |
| Full Name of Individual (Last, First, Middle                              | e Initial) or Full C | rganization N   | Name                                |                 | _                |       |         |            |             |          |  |  |
| A. Beard, John, Walker, ,   |                      |   |                                     | Date of Receipt |                  |       |         |            |             |          |  |  |
| Mailing Address 500 West Monroe Street                                    |                      |   |                                     |                 | м м<br>07        | 1     | D<br>28 |            | 2023        | Y        |  |  |
| City  | State                | Zip Cod   | le                                  |                 | Trans            | acti  | on ID : | 70B2ED     | 4EE8BC4     | 703BAD   |  |  |
| Chicago   | IL                   | 60661   |                                     |                 | Amount           | tof   | Each F  | Receipt th | nis Period  |          |  |  |
| FEC ID number of contributing federal political committee.                | С                    |   |                                     |                 |                  |       | ,       |            | 100.0       | 00       |  |  |
| Name of Employer (for Individual)   | Occ                  | upation (for I  | ndividual)                          |                 | Me               | emo   | Item    |            |             |          |  |  |
| GE Healthcare   | Chi                  | ef Medical Of   | ficer, Patient Care So              | 0               |                  |       |         |            |             |          |  |  |
| Receipt For:  | Aggregate            | Year-to-Date  |                                     |                 |                  |       |         |            |             |          |  |  |
| Primary General Other (specify) ▼   |                      |   | 1000.00                             | 11.             |                  |       |         |            |             |          |  |  |
|   |                      | -yp   |                                     | 1               |                  |       |         |            |             |          |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Beard, John, Walker, , | e Initial) or Full C | organization N  | Name                                |                 | Date of          | Re    | ceipt   |            |             |          |  |  |
| Mailing Address 500 West Monroe Street                                    |                      |   |                                     |                 |                  |       | 25      |            | y y<br>2023 | Y        |  |  |
| City  | State                | Zip Cod   | le                                  |                 | Trans            | actio | on ID : | 9E16C82    | 2DBA164:    | 3C2A44E  |  |  |
| Chicago   | IL                   | 60661   |                                     |                 | Amount           | of    | Each F  | Receipt th | nis Period  |          |  |  |
| FEC ID number of contributing federal political committee.                | C                    |   |                                     | <u> </u>        |                  | ,     | -       | 100.0      | 00          |          |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                        |                      | Occupation (for Individual)<br>Chief Medical Officer, Patient Care So |                                     |                 |                  | emo   | Item    |            |             |          |  |  |
| Receipt For:  | Aggregate            | Year-to-Date  |                                     |                 |                  |       |         |            |             |          |  |  |
| Other (specify)   |                      | 4   | 1000.00                             | 1               |                  |       |         |            |             |          |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Beard, John, Walker, , | e Initial) or Full C | organization N  | Name                                |                 | Date of          | Re    | ceipt   |            |             |          |  |  |
| Mailing Address 500 West Monroe Street                                    |                      |   |                                     |                 | м м<br>09        | /     | 22      |            | 2023        | Y        |  |  |
| City  | State                | Zip Cod   | le                                  |                 | Trans            | acti  | on ID : | : D357469  | 9767EA42    | 54B9F0   |  |  |
| Chicago   | IL                   | 60661   |                                     |                 | Amount           | of    | Each F  | Receipt th | nis Period  |          |  |  |
| FEC ID number of contributing federal political committee.                | С                    |   |                                     |                 | <u> </u>         |       | y       |            | 100.0       | 00       |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                        |                      | upation (for I<br>of Medical Off                                      | ndividual)<br>icer, Patient Care Sc | D               | Me               | emo   | Item    |            |             |          |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                        | Primary General      |   |                                     |                 |                  |       |         |            |             |          |  |  |
| SUBTOTAL of Receipts This Page (optional                                  | )                    |   |                                     | <u> </u>        |                  |       | , .     | . ,        | 300.0       | 00       |  |  |

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|  |                   | for each category of the<br>Detailed Summary Page               | X 11        | -                          | 11b<br>14               | 11c<br>15  | 12<br>16              | 17            |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the |                   |   | erson for t | he pi                      | urpose of               | soliciting | contribut             | ions          |  |  |
| NAME OF COMMITTEE (In Full)  |                   |   |             |                            |                         |            |                       |               |  |  |
| GE HealthCare Technologies   | Inc. PAC          |   |             |                            |                         |            |                       |               |  |  |
| Full Name of Individual (Last, First, Middle I<br>A. Beard, John, Walker, ,                      | nitial) or Full C | Organization Name   | Date        | e of F                     | Receipt                 |            |                       |               |  |  |
| Mailing Address 500 West Monroe Street   |                   |   |             | 10 / D D / Y Y Y Y<br>2023 |                         |            |                       |               |  |  |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661   |             |                            | ction ID :<br>of Each R |            | E3B2C04<br>is Period  | 1EDBE6        |  |  |
| FEC ID number of contributing federal political committee.                                       | С                 |   |             |                            |                         |            | 100.0                 | 0             |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>ef Medical Officer, Patient Care So | , 0         | Men                        | no Item                 |            |                       |               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>1000.00                                       |             |                            |                         |            |                       |               |  |  |
| Full Name of Individual (Last, First, Middle I<br>Beard, John, Walker, ,                         | nitial) or Full C | Organization Name   | Date        | e of F                     | Receipt                 |            |                       |               |  |  |
| Mailing Address 500 West Monroe Street   |                   |   | 1           | <sup>™</sup>               | / D D<br>17             | / Y        | 2023                  | Y             |  |  |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661   |             |                            | tion ID :<br>of Each R  |            | 16C01E47<br>is Period | <u>F5B480</u> |  |  |
| FEC ID number of contributing federal political committee.                                       | С                 |   |             |                            |                         |            | 100.0                 | 0             |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>ef Medical Officer, Patient Care So |             | Men                        | no Item                 |            |                       |               |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>1000.00                                       |             |                            |                         |            |                       |               |  |  |
| Full Name of Individual (Last, First, Middle I<br>Beard, John, Walker, ,                         | nitial) or Full C | Organization Name   | Date        | e of F                     | Receipt                 |            |                       |               |  |  |
| Mailing Address 500 West Monroe Street   | 1                 |   |             | 2 <sup>M</sup>             | / D D<br>15             | / Y        | 2023                  | Y             |  |  |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661   |             |                            | ction ID :<br>of Each R |            | A9EF5241<br>is Period | 12BD1B        |  |  |
| FEC ID number of contributing federal political committee.                                       | С                 |   |             |                            | , .                     | ,          | 100.0                 | 0             |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>of Medical Officer, Patient Care Sc |             | Mer                        | no Item                 |            |                       |               |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>1000.00                                       |             |                            |                         |            |                       |               |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   |             |                            | 5                       | , ,        | 300.0                 | 0             |  |  |

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| Any information copied from such Reports<br>or for commercial purposes, other than us<br>NAME OF COMMITTEE (In Full) |  |   | rson for the purpose of soliciting contribution    |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full)  |  |   | to solicit contributions from such committee       |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |
| GE HealthCare Technologi   | es Inc. PAC  |   |  |  |  |  |  |  |  |  |
| A. Biscotti, Larry, , ,  | Name of Individual (Last, First, Middle Initial) or Full Organization Name iscotti, Larry, , , |   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  |  |   | 07 28 2023<br>Transaction ID : 9E153E2A92C84B23AAE |  |  |  |  |  |  |  |
| City   | State  | Zip Code                                |  |  |  |  |  |  |  |  |
| Chicago  | IL   | 60661                                   | Amount of Each Receipt this Period                 |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C  |   | 208.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occupat  | ion (for Individual)                    | Memo Item  |  |  |  |  |  |  |  |
| GE Healthcare  |  | egion President                         | -  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Yea  | -                                       | -  |  |  |  |  |  |  |  |
| Primary General  | Aggregale rea  |   |  |  |  |  |  |  |  |  |
| Other (specify)  |  | 2288.00                                 |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Biscotti, Larry, , ,   | dle Initial) or Full Orgar   | nization Name                           | Date of Receipt                                    |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | Mailing Address 500 West Monroe Street   |   |  |  |  |  |  |  |  |  |
| City   | State  | Zip Code                                | Transaction ID : ED6E9FC5EAAD4B                    |  |  |  |  |  |  |  |
| Chicago  | IL   | 60661                                   | Amount of Each Receipt this Period                 |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С  |   | 208.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  |  | tion (for Individual)                   | Memo Item  |  |  |  |  |  |  |  |
| GE Healthcare  | South R  | Region President                        |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Yea  | ır-to-Date ▼                            |  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   | · · · · ·  | , 2288.00                               |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Biscotti, Larry, , ,   | dle Initial) or Full Orgar   | nization Name                           | Date of Receipt                                    |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | ət   |   | 09 / D D / Y Y Y Y<br>22 2023                      |  |  |  |  |  |  |  |
| City   | State  | Zip Code                                | Transaction ID : D1DE908575BA490                   |  |  |  |  |  |  |  |
| Chicago  | IL   | 60661                                   | Amount of Each Receipt this Period                 |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C  |   | 208.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |  | ion (for Individual)<br>egion President | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Yea  | ır-to-Date ▼                            | 7  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify)   |  | 2288.00                                 |  |  |  |  |  |  |  |  |

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| 11         |  |                | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                                    |  |  |  |  |  |  |  |
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|            | NAME OF COMMITTEE (In Full)  |                |   |   |  |  |  |  |  |  |  |
| $\rangle$  | GE HealthCare Technologies In  | c. PAC         |   |   |  |  |  |  |  |  |  |
| Α.         |  |                |   |   |  |  |  |  |  |  |  |
|            | City   | State          | Zip Code  | 10 20 2023<br>Transaction ID : 159AC8D039DB4624A430 |  |  |  |  |  |  |  |
|            | Chicago  | IL             | 60661   |   |  |  |  |  |  |  |  |
|            |  |                |   | Amount of Each Receipt this Period                  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                       | C              |   | 208.00  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)  | Occu           | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |
|            | GE Healthcare  | Sout           | h Region President                                |   |  |  |  |  |  |  |  |
|            | Receipt For:   |                |   |   |  |  |  |  |  |  |  |
|            | Primary General  | riggrogato     | Year-to-Date ▼                                    | -   |  |  |  |  |  |  |  |
|            | Other (specify) ▼  |                | 2288.00   |   |  |  |  |  |  |  |  |
| в.         | Full Name of Individual (Last, First, Middle Initi<br>Biscotti, Larry, , ,                       | al) or Full Or | ganization Name                                   | Date of Receipt                                     |  |  |  |  |  |  |  |
|            | Mailing Address 500 West Monroe Street   | 11 17 2023     |   |   |  |  |  |  |  |  |  |
|            | City   | State          | Zip Code  | Transaction ID : E748697B38EE4CDBA51E               |  |  |  |  |  |  |  |
|            | Chicago  | IL             | 60661   | Amount of Each Receipt this Period                  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                       | С              |   | 208.00  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)  | Occi           | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |
|            | GE Healthcare  |                | th Region President                               |   |  |  |  |  |  |  |  |
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|            | Primary General  | Ayyreyale      |   |   |  |  |  |  |  |  |  |
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| <u>с</u> . | Full Name of Individual (Last, First, Middle Initi<br>Biscotti, Larry, , ,                       | al) or Full Or | rganization Name                                  | Date of Receipt                                     |  |  |  |  |  |  |  |
|            | Mailing Address 500 West Monroe Street   |                |   | 12 15 2023  |  |  |  |  |  |  |  |
|            | City   | State          | Zip Code  | Transaction ID : C230A575BE6D4C9E9A50               |  |  |  |  |  |  |  |
|            | Chicago  | IL             | 60661   | Amount of Each Receipt this Period                  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.                                       | C              |   | 208.00  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare   |                | pation (for Individual)<br>h Region President     | Memo Item   |  |  |  |  |  |  |  |
|            | Receipt For:       Primary       Other (specify)   | Aggregate      | Year-to-Date ▼<br>2288.00                         | ]   |  |  |  |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)   |                |   | 624.00  |  |  |  |  |  |  |  |

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| 11                |  |                          | for each category of the<br>Detailed Summary Page        |             | X 11a                              |                  | 11b  | 11c                  | 12         | <u> </u> |  |  |  |
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| or                | for commercial purposes, other than using the                      | e name and a             | address of any political comm                            | nittee to s | solicit cor                        | ntrib            | utions f   | rom such             | o committe | ee.      |  |  |  |
| $\backslash$      | NAME OF COMMITTEE (In Full)  |                          |  |             |                                    |                  |  |                      |            |          |  |  |  |
|                   | GE HealthCare Technologies I                                       | nc. PAC                  |  |             |                                    |                  |  |                      |            |          |  |  |  |
| v                 | Full Name of Individual (Last, First, Middle In                    | itial) or Full C         | Organization Name  |             |                                    |                  |  |                      |            |          |  |  |  |
| Α.                |  |                          |  |             | Date of Receipt                    |                  |  |                      |            |          |  |  |  |
|                   | Mailing Address 500 West Monroe Street                             |                          |  |             | 07 28 2023                         |                  |  |                      |            |          |  |  |  |
|                   | City   | State                    | Zip Code   |             | Trans                              | acti             | on ID :  | 7921FB7              | 7B3DF4F    | D489F9   |  |  |  |
|                   | Chicago  | IL                       | 60661  |             | Amount of Each Receipt this Period |                  |  |                      |            |          |  |  |  |
|                   | FEC ID number of contributing federal political committee.         | С                        |  |             |                                    |                  | ,  | 7                    | 58.0       | 00       |  |  |  |
|                   | Name of Employer (for Individual)                                  | Occ                      | upation (for Individual)                                 |             | Me                                 | emo              | Item   |                      |            |          |  |  |  |
|                   | GE Healthcare  | Glo                      | bal Capital Markets Leader                               |             |                                    |                  |  |                      |            |          |  |  |  |
|                   | Receipt For:   | Aggregate                | Year-to-Date 🔻   |             |                                    |                  |  |                      |            |          |  |  |  |
|                   | Other (specify) ▼  |                          | 696.00   |             |                                    |                  |  |                      |            |          |  |  |  |
|                   |  |                          | 4  |             |                                    |                  |  |                      |            |          |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle In Blee, Robert, R, , | itial) or Full C         | Organization Name  |             | Date of                            | Re               | ceipt  |                      |            |          |  |  |  |
|                   | Mailing Address 500 West Monroe Street                             |                          |  |             | M M                                | /                |  | / Y                  | Y Y        | Y        |  |  |  |
|                   | City   | State                    | Zip Code   |             | 08                                 |                  | 25   |                      | 2023       |          |  |  |  |
|                   | Chicago  | IL                       |  |             |                                    |                  | eceipt th  | F97984E<br>is Period | BE842D     |          |  |  |  |
|                   | FEC ID number of contributing federal political committee.         | С                        |  |             |                                    |                  |  |                      |            | 00       |  |  |  |
|                   | Name of Employer (for Individual)<br>GE Healthcare                 |                          | cupation (for Individual)<br>abal Capital Markets Leader |             | Me                                 | emo              | ltem   |                      |            |          |  |  |  |
|                   | Receipt For:   | Aggregate                | Year-to-Date ▼   |             |                                    |                  |  |                      |            |          |  |  |  |
|                   | Other (specify) ▼  |                          | , 696.00   |             |                                    |                  |  |                      |            |          |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle In Blee, Robert, R, , | itial) or Full C         | Organization Name  |             | Date of                            | Re               | ceipt  |                      |            |          |  |  |  |
|                   | Mailing Address 500 West Monroe Street                             |                          |  |             | м м<br>09                          | 1                | 22   | / Y                  | 2023       | Y        |  |  |  |
|                   | City   | State                    | Zip Code   |             | 1                                  | acti             | the state of the s | B1C123/              |            | CEB8798  |  |  |  |
|                   | Chicago  | IL                       | 60661  |             | Amount                             | t of             | Each R   | eceipt th            | is Period  |          |  |  |  |
|                   | FEC ID number of contributing federal political committee.         | С                        |  |             |                                    |                  | 9  | ,                    | 58.0       | 00       |  |  |  |
|                   | Name of Employer (for Individual)<br>GE Healthcare                 |                          | upation (for Individual)<br>bal Capital Markets Leader   |             | Me                                 | emo              | Item   |                      |            |          |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)                 | Aggregate                | Year-to-Date ▼<br>696.00                                 |             |                                    |                  |  |                      |            |          |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)                           |                          |  | ▶           |                                    |                  | y  | . ,                  | 174.(      | 00       |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

1.

Use separate schedule(s)

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|  | 3                                     | for each category of the<br>Detailed Summary Page      | X 11a 11b 11c 12  |  |  |  |  |  |  |  |  |
|--|---------------------------------------|--|---|--|--|--|--|--|--|--|--|
|  |                                       |  | 13     14     15     16     17       berson for the purpose of soliciting contributions |  |  |  |  |  |  |  |  |
|  | -                                     | address of any political committe                      | e to solicit contributions from such committee.   |  |  |  |  |  |  |  |  |
|  | ,                                     |  |   |  |  |  |  |  |  |  |  |
| GE HealthCare Te   | echnologies Inc. PAC                  |  |   |  |  |  |  |  |  |  |  |
|  | ast, First, Middle Initial) or Full C | Organization Name                                      |   |  |  |  |  |  |  |  |  |
| A. Blee, Robert, R, ,                                      |                                       |  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         |  | 10 20 2023  |  |  |  |  |  |  |  |  |
| City   | State                                 | Zip Code   | Transaction ID : 22D285CD6D8A4EBF95   |  |  |  |  |  |  |  |  |
| Chicago  | IL                                    | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contribution federal political committee. | ŝ                                     |  | 58.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Inc                                  | lividual) Occ                         | upation (for Individual)                               | Memo Item   |  |  |  |  |  |  |  |  |
| GE Healthcare  | Glo                                   | bal Capital Markets Leader                             |   |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate                             | Year-to-Date ▼   |   |  |  |  |  |  |  |  |  |
| Primary Ge   | neral                                 |  | 1   |  |  |  |  |  |  |  |  |
| Other (specify) ▼  |                                       | 696.00   |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (La<br>B. Blee, Robert, R, ,       | ast, First, Middle Initial) or Full C | Date of Receipt  |   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         | 11 17 2023   |   |  |  |  |  |  |  |  |  |
| City   | State                                 | Zip Code   | Transaction ID : A3A6E822BC004E34B3   |  |  |  |  |  |  |  |  |
| Chicago  | IL                                    | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contribution federal political committee. | ŝ                                     |  | 58.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Ind                                  | dividual)                             | upation (for Individual)                               | Memo Item   |  |  |  |  |  |  |  |  |
| GE Healthcare  | ,                                     | bal Capital Markets Leader                             |   |  |  |  |  |  |  |  |  |
| Receipt For:   |                                       | Year-to-Date ▼   | —   |  |  |  |  |  |  |  |  |
|  | neral                                 |  |   |  |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>                                   |                                       | , 696.00   | 1   |  |  |  |  |  |  |  |  |
| Full Name of Individual (La<br>C. Blee, Robert, R, ,       | ast, First, Middle Initial) or Full C | Organization Name                                      | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         |  | 12 15 2023  |  |  |  |  |  |  |  |  |
| City   | State                                 | Zip Code   | Transaction ID : 8C157177A2AB41ECBA   |  |  |  |  |  |  |  |  |
| Chicago  | IL                                    | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contribution federal political committee. | ŝ                                     |  | 58.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Inc<br>GE Healthcare                 | ,                                     | upation (for Individual)<br>oal Capital Markets Leader | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary Ge<br>Other (specify)              | neral Aggregate                       | Year-to-Date ▼<br>696.00                               | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This                                  | Page (optional)                       | ······ ]   | 174.00  |  |  |  |  |  |  |  |  |

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| 111      | EMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   |        |                               |          |                                     | a              |           | 11b    |         | 11c        | 12          | 17       |  |
|----------|--|---|--------|-------------------------------|----------|-------------------------------------|----------------|-----------|--------|---------|------------|-------------|----------|--|
|          |  | A Reports and Statements may not be sold or used by any<br>er than using the name and address of any political committe |        |                               |          |                                     |                |           | pose   |         | soliciting | contrib     | utions   |  |
| <u> </u> | NAME OF COMMITTEE (In Full)  |   |        |                               |          |                                     |                |           |        |         |            |             |          |  |
|          | GE HealthCare Technologies In  | c. PAC  |        |                               |          |                                     |                |           |        |         |            |             |          |  |
| Α.       | Full Name of Individual (Last, First, Middle Initi<br>Boers, Ryan, T., ,<br>Mailing Address 500 West Monroe Street | al) or Full Or  | rgar   | nization Name                 |          | Date<br>™                           | М              | Re<br>/   |        | 20      | / Y        | ý ý<br>2023 | Ŷ        |  |
|          | City   | State   |        | Zip Code                      |          | Transaction ID: 32D3C6647A7F4562AD3 |                |           |        |         |            |             |          |  |
|          | Chicago  | IL  |        | 60661                         |          | ٩mo                                 | unt            | of        | Each   | Re      | eceipt th  | is Perio    | d        |  |
|          | FEC ID number of contributing federal political committee.   | С   |        |                               | Momelton |                                     |                |           | 40     | 0.00    |            |             |          |  |
|          | Name of Employer (for Individual)  | Occu  | upat   | ion (for Individual)          |          | Memo Item                           |                |           |        |         |            |             |          |  |
|          | GE Healthcare  | Exec  | cutiv  | e - Spin-off Management Offic | ce       |                                     |                |           |        |         |            |             |          |  |
|          | Receipt For:   | Aggregate   | Yea    | r-to-Date ▼                   |          |                                     |                |           |        |         |            |             |          |  |
|          | Primary General  | 33 - 3  |        |                               |          |                                     |                |           |        |         |            |             |          |  |
|          | Other (specify) V  |   | 320.00 |                               |          |                                     |                |           |        |         |            |             |          |  |
|          | Full Name of Individual (Last, First, Middle Initi<br>Boers, Ryan, T., ,   | 1   | Date   | of                            | Re       | eceipt                              |                |           |        |         |            |             |          |  |
|          | Mailing Address 500 West Monroe Street   | e Street  |        |                               |          |                                     |                |           |        | D<br>17 | / Y        | y y<br>2023 | Y        |  |
|          | City   | State   |        | Zip Code                      |          | Tra                                 | ns             | act       | ion ID | ):3     | 32D2592    | F9DEE       | 12749601 |  |
|          | Chicago  | IL  |        | 60661                         | A        | Amount of Each Receipt this Period  |                |           |        |         |            |             |          |  |
|          | FEC ID number of contributing federal political committee.   | С   |        | 40.00                         |          |                                     |                |           |        |         |            |             |          |  |
|          | Name of Employer (for Individual)<br>GE Healthcare   | Occupation (for Individual)<br>Executive - Spin-off Management Office   |        |                               |          |                                     |                | Memo Item |        |         |            |             |          |  |
|          | Receipt For:   | Aggregate   |        |                               | $\neg$   |                                     |                |           |        |         |            |             |          |  |
|          | Primary General<br>Other (specify) ▼   | Aggregate   | 320,00 |                               |          |                                     |                |           |        |         |            |             |          |  |
| —<br>C.  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Boers, Ryan, T., ,              |   |        |                               |          |                                     |                | Re        | eceipt |         |            |             |          |  |
|          | Mailing Address 500 West Monroe Street   |   |        |                               |          | <sup>™</sup> 1                      | 2 <sup>™</sup> | /         |        | 15      | / Y        | 2023        | Y        |  |
|          | City   | State   |        | Zip Code                      | 7'       | Tra                                 | ans            | act       | ion ID | ):4     | 4DFA97     | 9E0B54      | 48A8806  |  |
|          | Chicago  | IL  |        | 60661                         |          | Amo                                 | unt            | of        | Each   | Re      | eceipt th  | is Perio    | d        |  |
|          | FEC ID number of contributing federal political committee.   | С   |        |                               |          |                                     |                |           |        |         | , ,        |             | 0.00     |  |
|          | Name of Employer (for Individual)<br>GE Healthcare   | Occu<br>Exec  | e      | Ц                             | M        | emo                                 | o Item         | ו         |        |         |            |             |          |  |
|          | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Yea    | r-to-Date ▼<br>320.00         |          |                                     |                |           |        |         |            |             |          |  |
| S        | UBTOTAL of Receipts This Page (optional)   |   |        | ······                        |          |                                     |                |           | y      |         | ,          | 120         | .00      |  |

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| ITEMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |  |  |
|---|-----------------|---|---|--|--|--|--|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the |                 |   |   |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                 |   |   |  |  |  |  |  |  |  |
| GE HealthCare Technologies Ir   | nc. PAC         |   |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br><b>A.</b> Butler, Truman, Kirkland, ,      | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  | 01-1-           | 7.0.4   | M       M       M       M       P       P       Y |  |  |  |  |  |  |  |
| City<br>Chicago   | State<br>IL     | Zip Code<br>60661                                 |   |  |  |  |  |  |  |  |
|   |                 | 00001   |   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С               |   | 58.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ             | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| GE Healthcare   | Hea             | ad of ERM   |   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate       | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |
| Primary General   | 00 0            |   |   |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |                 | 696.00  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init   | tial) or Full C | organization Name                                 |   |  |  |  |  |  |  |  |
| B. Butler, Truman, Kirkland, ,  |                 |   | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                 |   | 08 / D D / Y Y Y Y Y<br>25 2023   |  |  |  |  |  |  |  |
| City  | State<br>IL     | Zip Code  | Transaction ID : 0A73D9F04D774F7792ED   |  |  |  |  |  |  |  |
| Chicago   |                 | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С               |   | 58.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>ad of ERM             | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:  |                 | Year-to-Date ▼                                    | _   |  |  |  |  |  |  |  |
| Primary General   | Ayyreyale       |   |   |  |  |  |  |  |  |  |
| Other (specify)   | L               | 696.00  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br>C. Butler, Truman, Kirkland, ,             | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                 |   | 09 22 2023  |  |  |  |  |  |  |  |
| City  | State           | Zip Code  | Transaction ID : CE22C0761F524CFDA1E6   |  |  |  |  |  |  |  |
| Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С               |   | 58.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>d of ERM              | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:  |                 | Year-to-Date ▼                                    | -   |  |  |  |  |  |  |  |
| Primary General<br>Other (specify)  | Aggregate       | 696.00  |   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                 | •   | 174.00  |  |  |  |  |  |  |  |

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| 14     15     16     17       urpose of soliciting contributions ibutions from such committee.     ibutions from such committee.       Receipt     20     2023       ction ID : 057B8E2FA35A45DBB59     feach Receipt this Period       58.00     58.00  |  |  |  |  |  |  |
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| f Each Receipt this Period<br>58.00<br>no Item   |  |  |  |  |  |  |
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FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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|             |   |                   | for each category of the<br>Detailed Summary Page          | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
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|             |   |                   |  | person for the purpose of soliciting contributions<br>ee to solicit contributions from such committee.    |  |  |  |  |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                   |  |   |  |  |  |  |  |  |  |  |  |
|             | GE HealthCare Technologies I  | nc. PAC           |  |   |  |  |  |  |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle In<br>Byshenk, Andrew, J., ,<br>Mailing Address 500 West Monroe Street |                   |  |   |  |  |  |  |  |  |  |  |  |
|             |   |                   |  | 11 17 2023  |  |  |  |  |  |  |  |  |  |
|             | City  | State             | Zip Code   | Transaction ID : 092D23A65B8A4FFC87C  |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL                | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                 |  | 20.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)   | Occu              | pation (for Individual)                                    | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | GE Healthcare   | Chief             | f Software Architect                                       |   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:  |                   |  |   |  |  |  |  |  |  |  |  |  |
|             | Primary General   | Aggregate         | Year-to-Date ▼   | _   |  |  |  |  |  |  |  |  |  |
|             | Other (specify)   |                   |  |   |  |  |  |  |  |  |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle In Byshenk, Andrew, J., ,  | Date of Receipt   |  |   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  |                   |  | 12 15 2023  |  |  |  |  |  |  |  |  |  |
|             | City  | State             | Zip Code   | Transaction ID : 7C12E2A1BBF946768C0  |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL                | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                 |  | 20.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                   | pation (for Individual)<br>f Software Architect            | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:  | Aggregate \       | Year-to-Date ▼   |   |  |  |  |  |  |  |  |  |  |
|             | Primary General<br>Other (specify) ▼  |                   | 230.00   |   |  |  |  |  |  |  |  |  |  |
| <u>с</u> .  | Full Name of Individual (Last, First, Middle In Claus-Landi, Peter, , ,   | itial) or Full Or | ganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  |                   |  | 07 / 28 / Y Y Y Y<br>07 28 2023   |  |  |  |  |  |  |  |  |  |
|             | City  | State             | Zip Code   | Transaction ID: 4F8D140DBD95466BBA4   |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL                | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                 |  | 116.00  |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                   | pation (for Individual)<br>tant Treasurer, Global Treasury | V O   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y       | Year-to-Date ▼<br>696.00                                   |   |  |  |  |  |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |                   |  | ▶ 156.00  |  |  |  |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page | X 11a    |                                     | 11b       | 11c        | 12        | <b></b> |  |  |  |
| Any information copied from such Reports a<br>or for commercial purposes, other than usir |                        |   |          |                                     |           |            |           |         |  |  |  |
| NAME OF COMMITTEE (In Full)   |                        |   |          | Jonun                               | Julions   |            | T COMMIN  | ee.     |  |  |  |
|   |                        |   |          |                                     |           |            |           |         |  |  |  |
| GE HealthCare Technologie   |                        |   |          |                                     |           |            |           |         |  |  |  |
| Full Name of Individual (Last, First, Mido<br>A. Claus-Landi, Peter, , ,                  | lle Initial) or Full C | Organization Name                                 | Date     | of Re                               | eceipt    |            |           |         |  |  |  |
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| City  | State                  | Zip Code  | Tra      | nsact                               | tion ID : | : 18696CI  | DDD3E34   | FC89BB  |  |  |  |
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| GE Healthcare   | Ass                    | istant Treasurer, Global Treasury                 | 0        |                                     |           |            |           |         |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date V                                    |          |                                     |           |            |           |         |  |  |  |
| Primary General   |                        | 00.000  |          |                                     |           |            |           |         |  |  |  |
| Other (specify) <b>v</b>  |                        | 696.00  | 4        |                                     |           |            |           |         |  |  |  |
| Full Name of Individual (Last, First, Mido<br>B. Claus-Landi, Peter, , ,                  | lle Initial) or Full C | Organization Name                                 | Date     | of Re                               | eceipt    |            |           |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                        |   | 09       |                                     | D<br>22   |            | 2023      | Y       |  |  |  |
| City  | State                  | Zip Code  | Trai     | nsact                               | ion ID :  | CA0FDF     | D5A6D34   | 7C28F9  |  |  |  |
| Chicago   | IL                     | IL 60661  |          |                                     |           | Receipt th | is Period |         |  |  |  |
| FEC ID number of contributing federal political committee.                                | С                      | C   |          |                                     |           |            | 116.      | 00      |  |  |  |
| Name of Employer (for Individual)   | Occ                    | Occupation (for Individual)                       |          |                                     |           | Memo Item  |           |         |  |  |  |
| GE Healthcare   | Ass                    | sistant Treasurer, Global Treasur                 | /0       |                                     |           |            |           |         |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date <b>V</b>                             |          |                                     |           |            |           |         |  |  |  |
| Primary General   |                        | 00 00   | 1        |                                     |           |            |           |         |  |  |  |
| Other (specify) <b>v</b>  |                        | 696.00  |          |                                     |           |            |           |         |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Claus-Landi, Peter, , ,                  | lle Initial) or Full C | Organization Name                                 | Date     | of Re                               | eceipt    |            |           |         |  |  |  |
| Mailing Address 500 West Monroe Stree   | t                      |   | 10       |                                     | D 20      |            | 2023      | Y       |  |  |  |
| City  | State                  | Zip Code  | Tra      | nsac                                | tion ID   | : 735D27   | 55EE9949  | 7A981A  |  |  |  |
| Chicago   | IL                     | 60661   | Amou     | unt of                              | Each F    | Receipt th | is Period |         |  |  |  |
| FEC ID number of contributing   | С                      |   |          |                                     |           |            | 116.      | 0       |  |  |  |
| federal political committee.  | U                      |   |          | -                                   | 9         |            |           |         |  |  |  |
| Name of Employer (for Individual)   | Occ                    | upation (for Individual)                          |          | Mem                                 | o Item    |            |           |         |  |  |  |
| GE Healthcare   |                        | istant Treasurer, Global Treasury                 | 0        |                                     |           |            |           |         |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date ▼                                    |          |                                     |           |            |           |         |  |  |  |
| Primary General   |                        |   |          |                                     |           |            |           |         |  |  |  |
| Other (specify)   |                        | 696.00  | J        |                                     |           |            |           |         |  |  |  |
|   |                        |   |          | _                                   |           |            |           | _       |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)                    |   |          |                                     |           |            | 348.0     | 00      |  |  |  |
|   |                        |   |          |                                     |           |            |           |         |  |  |  |

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

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#### SCHEDULE A (FEC Form 3X) D DECEIDTO 84175

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|  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
|  | ts and Statements may not be sold or used by any using the name and address of any political committed the solution of the name and address of any political committed to the solution of the |   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |   |  |  |  |  |  |  |
| GE HealthCare Technolog  | gies Inc. PAC   |   |  |  |  |  |  |  |
| A. Coppock, Abigail, J, ,  |   |   |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Str                                  |   | 11 / D D / Y Y Y Y<br>11 / 17 2023  |  |  |  |  |  |  |
| City   | State Zip Code<br>IL 60661  | Transaction ID : 4C2F133AA7E64EF2AFB  |  |  |  |  |  |  |
| Chicago  | 12 0000 I   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C   | 20.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Occupation (for Individual)   | Memo Item   |  |  |  |  |  |  |
| GE Healthcare  | Director, Clinical Operations, Qualit   | у   |  |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |
| Primary General  |   | -   |  |  |  |  |  |  |
| Other (specify)  | 235.00  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Coppock, Abigail, J, , | iddle Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Str                                  | eet   | 12 15 2023  |  |  |  |  |  |  |
| City   | State Zip Code  | Transaction ID : 7E751BF872CE40028CE2   |  |  |  |  |  |  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C   | 20.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Occupation (for Individual)   | Memo Item   |  |  |  |  |  |  |
| GE Healthcare  | Director, Clinical Operations, Qualit   | iy l  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |
| Primary General  |   | -   |  |  |  |  |  |  |
| Other (specify) ▼  | 235.00  |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>C. Crew, Jason, B, ,      | iddle Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Str                                  | eet   | 07 28 2023  |  |  |  |  |  |  |
| City   | State Zip Code  | Transaction ID : 3987B069E95249A491D1   |  |  |  |  |  |  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C   | 58.00   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   | Occupation (for Individual)<br>Market Vice President  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate Year-to-Date ▼<br>696.00  |   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opt                                  | onal)   | 98.00   |  |  |  |  |  |  |

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

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| IT.         | EMIZED RECEIPTS  |   |             | eparate schedule(s)     | (cł                                | neck only  | y on  | ie)  |            |             |          |  |  |  |  |
|-------------|--|---|-------------|-------------------------|------------------------------------|--|-------|--|------------|-------------|----------|--|--|--|--|
|             |  | for each category of the<br>Detailed Summary Page |             |                         |                                    | <b>X</b> 11a   |       | 11b  | 11c        | 12          | <u> </u> |  |  |  |  |
|             | y information copied from such Reports and S                           |   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
| or          | for commercial purposes, other than using the                          | name and a  | ddress of   | any political committee | e to s                             | olicit cor   | ntrib | utions   | from suc   | h committ   | ee.      |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  | 540   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
|             | GE HealthCare Technologies In  | IC. PAC   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
| A.          | Full Name of Individual (Last, First, Middle Init<br>Crew, Jason, B, , | ial) or Full O                                    | rganizatio  | n Name                  |                                    | Date of  | Re    | ceipt  |            |             |          |  |  |  |  |
|             | Mailing Address 500 West Monroe Street                                 |   |             |                         |                                    | M M / D D / Y Y Y Y Y  |       |  |            |             |          |  |  |  |  |
|             |  |   |             |                         |                                    | 08   |       | 25   |            | 2023        |          |  |  |  |  |
|             | City<br>Chicago  | State   | Zip 0       |                         |                                    |  |       |  |            | FC76F84     | 8769632  |  |  |  |  |
|             |  |   |             |                         | Amount of Each Receipt this Period |  |       |  |            |             |          |  |  |  |  |
|             | FEC ID number of contributing federal political committee.             | C   |             | 58.00                   |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Name of Employer (for Individual)                                      | Occ   | upation (fo | or Individual)          |                                    | Memo Item  |       |  |            |             |          |  |  |  |  |
|             | GE Healthcare  | Mar   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Receipt For:   | Aggregate   | Year-to-D   | ate 🔻                   |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Primary General<br>Other (specify) ▼                                   | General   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
|             |  |   |             |                         |                                    |  |       |  |            |             |          |  |  |  |  |
| _           | Full Name of Individual (Last, First, Middle Init                      | ial) or Full O                                    | rganizatio  | n Name                  |                                    |  |       |  |            |             |          |  |  |  |  |
| в.          | Crew, Jason, B, ,  |   |             |                         |                                    | Date of  | ке    | · .  |            |             |          |  |  |  |  |
|             | Mailing Address 500 West Monroe Street                                 |   |             |                         |                                    | м м<br>09  | 1     | 22   |            | 2023        | Y        |  |  |  |  |
|             | City   | State Zip Code                                    |             |                         |                                    |  | acti  | on ID :  | 0FC5D7     | E811304E    | A5959D   |  |  |  |  |
|             | Chicago  | IL  |             |                         |                                    |  |       | nis Period   |            |             |          |  |  |  |  |
|             | FEC ID number of contributing  |   |             |                         | -                                  |  |       | 50/  |            |             |          |  |  |  |  |
|             | federal political committee.   | С   |             |                         |                                    |  |       | 7  |            | 58.0        | 0        |  |  |  |  |
|             | Name of Employer (for Individual)                                      | Occ   | upation (fo | or Individual)          |                                    | Me   | emo   | Item   |            |             |          |  |  |  |  |
|             | GE Healthcare  |   | ket Vice F  | ,                       |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Receipt For:   | Aggregate   | Year-to-D   | ate 🔻                   |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Primary General  |   |             |                         | 11.                                |  |       |  |            |             |          |  |  |  |  |
|             | Other (specify)  | L   | <u>,</u>    | 696.00                  | 4                                  |  |       |  |            |             |          |  |  |  |  |
|             | Full Name of Individual (Last, First, Middle Init<br>Crew, Jason, B, , | ial) or Full O                                    | rganizatio  | n Name                  |                                    | Date of  | Re    | ceint  |            |             |          |  |  |  |  |
|             | Mailing Address 500 West Monroe Street                                 |   |             |                         |                                    | 10 <sup>M</sup>  | /     | 20   |            | y y<br>2023 | Y        |  |  |  |  |
|             | City   | State   | Zip C       | Code                    | $\neg$                             | the state of the s | acti  | la serie de la s |            | BD974C4     | C9D90E   |  |  |  |  |
|             | Chicago  | IL  | 606         | 61                      |                                    | Amount   | of    | Each F   | Receipt th | nis Period  |          |  |  |  |  |
|             | FEC ID number of contributing  | $\mathbf{C}$                                      |             |                         |                                    |  |       |  |            | 58.0        | 00       |  |  |  |  |
|             | federal political committee.   | C   |             |                         |                                    | <u> </u>   | -     | 9  |            | 56.0        | 0        |  |  |  |  |
|             | Name of Employer (for Individual)                                      | Occi  | upation (fo | or Individual)          |                                    | M  | emo   | Item   |            |             |          |  |  |  |  |
|             | GE Healthcare  | Marl  | ket Vice P  | resident                |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Receipt For:   | Aggregate   | Year-to-D   | ate 🔻                   |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Primary General  |   |             | 696.00                  |                                    |  |       |  |            |             |          |  |  |  |  |
|             | Other (specify)  |   | -y          |                         |                                    |  |       |  |            |             |          |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)                               |   |             | •••••                   | •                                  |  |       | y  | . ,        | 174.0       | 00       |  |  |  |  |
|             |  |   |             |                         | _                                  | 1  |       | 1  |            |             |          |  |  |  |  |

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

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|    | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page         | X         11a         11b         11c         12           13         14         15         16         11 |
|----|--|-----------------|---|---|
|    | y information copied from such Reports and Si<br>for commercial purposes, other than using the                   |                 |   | erson for the purpose of soliciting contributions   |
|    | NAME OF COMMITTEE (In Full)  |                 |   |   |
|    | GE HealthCare Technologies In  | ic. PAC         |   |   |
| Α. | Full Name of Individual (Last, First, Middle Init<br>Crew, Jason, B, ,<br>Mailing Address 500 West Monroe Street | ial) or Full Or | ganization Name   | Date of Receipt   |
|    |  |                 |   | 11 17 2023  |
|    | City   | State           | Zip Code  | Transaction ID : CF13081A4049457EB46  |
|    | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С               |   | 58.00   |
|    | Name of Employer (for Individual)  | Occu            | pation (for Individual)                                   | Memo Item   |
|    | GE Healthcare  | Mark            | et Vice President   | _   |
|    | Receipt For:   |                 | Year-to-Date ▼  |   |
|    | Primary General  | , iggi oguto    |   |   |
|    | Other (specify) ▼  |                 | 696.00  |   |
| _  | Full Name of Individual (Last, First, Middle Init  | ial) or Full Or | ganization Name   |   |
| В. | Crew, Jason, B, ,  |                 |   | Date of Receipt   |
|    | Mailing Address 500 West Monroe Street   |                 |   | 12 15 2023  |
|    | City   | State           | Zip Code  | Transaction ID : C36E17AB8632496C8D3  |
|    | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С               |   | 58.00   |
|    | Name of Employer (for Individual)<br>GE Healthcare   |                 | pation (for Individual)<br>tet Vice President             | Memo Item   |
|    | Receipt For:   |                 |   |   |
|    | Primary General  | Aggregate       | Year-to-Date ▼  |   |
|    | Other (specify)  |                 | , 696.00  | ]   |
| с. | Full Name of Individual (Last, First, Middle Init<br>Cubbin, Renae, , ,  | ial) or Full Or | ganization Name   | Date of Receipt   |
|    | Mailing Address 500 West Monroe Street   |                 |   | 07 28 2023  |
|    | City   | State           | Zip Code  | Transaction ID : F52407DA7117417595A  |
|    | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.   | С               |   | 200.00  |
|    | Name of Employer (for Individual)<br>GE Healthcare   |                 | pation (for Individual)<br>President and Senior Tax Couns | el Memo Item  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>2400.00                                 | ]   |
| s  | UBTOTAL of Receipts This Page (optional)   |                 |   | 316.00  |

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| ITEMIZED RECEIPTS   | -                  | Use separate schedule(s)                                      | (che | eck only                           | y on     | e)         |                              |      |          |         |  |  |
|---|--------------------|---|------|------------------------------------|----------|------------|------------------------------|------|----------|---------|--|--|
| ILEIVIIZED KEGEIPIS   |                    | for each category of the<br>Detailed Summary Page             |      | 11a                                | $\vdash$ | 11b        | 11c                          | 12   | Г        |         |  |  |
| Any information copied from such Reports an<br>or for commercial purposes, other than using |                    |   |      |                                    | purp     |            |                              |      | ibutio   |         |  |  |
| NAME OF COMMITTEE (In Full)   |                    |   |      |                                    | IIIIDI   | ulions     | nom suc                      |      | millee   | <i></i> |  |  |
| GE HealthCare Technologies  | Inc. PAC           |   |      |                                    |          |            |                              |      |          |         |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Cubbin, Renae, , ,                       | Initial) or Full C | Drganization Name   |      | Date of                            | Red      | ceipt      |                              |      |          |         |  |  |
| Mailing Address 500 West Monroe Street  |                    |   |      | м м<br>08                          | /        | D 25       | ר / ס                        | 2023 | ү ү<br>3 | 1       |  |  |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661   |      |                                    |          |            | 97D9D9<br>Receipt t          |      |          | A86F8   |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   |      |                                    |          | ,          |                              | 20   | 00.00    |         |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | cupation (for Individual)<br>e President and Senior Tax Couns | el   | Me                                 | emo      | Item       |                              |      |          |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>2400.00                                   | ]    |                                    |          |            |                              |      |          |         |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Cubbin, Renae, , ,                       | Initial) or Full C | Drganization Name   |      | Date of                            | Red      | ceipt      |                              |      |          |         |  |  |
| Mailing Address 500 West Monroe Street  |                    |   |      | м м<br>09                          | /        | D 10<br>22 |                              | 2023 | ү ү<br>3 | ]       |  |  |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661   |      | Amount of Each Receipt this Period |          |            |                              |      |          |         |  |  |
| FEC ID number of contributing federal political committee.                                  | C                  |   |      |                                    |          | ,          | -                            | 20   | 00.00    |         |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | cupation (for Individual)<br>e President and Senior Tax Couns | se   | Me                                 | emo      | Item       |                              |      |          |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | e Year-to-Date ▼<br>2400.00                                   | 1    |                                    |          |            |                              |      |          |         |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Cubbin, Renae, , ,                       | Initial) or Full C | Drganization Name   |      | Date of                            | Red      | ceipt      |                              |      |          |         |  |  |
| Mailing Address 500 West Monroe Street  |                    |   |      | <sup>M</sup> 10                    | /        | D<br>20    |                              | 2023 |          | 1       |  |  |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661   |      |                                    |          |            | : <b>125B61</b><br>Receipt t |      |          | ;08D50  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |   |      |                                    |          | y          | y                            | 20   | 00.00    |         |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | cupation (for Individual)<br>e President and Senior Tax Couns | el   | M                                  | emo      | ltem       |                              |      |          |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | e Year-to-Date ▼<br>2400.00                                   | 1    |                                    |          |            |                              |      |          |         |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                    | •   | •    |                                    |          | ,          | . ,                          | 60   | 00.00    |         |  |  |

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|                   | EMIZED RECEIPTS  |               |      | for each category of the<br>Detailed Summary Page        | ×   | 11a<br>13 |        | 11b<br>14 | 11c<br>15 | 12<br>16    | 17      |
|-------------------|--|---------------|------|--|-----|-----------|--------|-----------|-----------|-------------|---------|
|                   | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |      |  |     |           |        |           |           |             |         |
| $\left[ \right]$  | NAME OF COMMITTEE (In Full)  |               |      |  |     |           |        |           |           |             |         |
| $\langle \rangle$ | GE HealthCare Technologies Ind   | c. PAC        |      |  |     |           |        |           |           |             |         |
|                   | Full Name of Individual (Last, First, Middle Initia  | al) or Full O | rga  | nization Name  |     |           |        |           |           |             |         |
| Α.                | Cubbin, Renae, , ,   |               |      |  | [   | Date of   | f Rec  | eipt      |           |             |         |
|                   | Mailing Address 500 West Monroe Street   |               |      |  |     | м м<br>11 | /      | D D<br>17 | / Y       | y y<br>2023 | Y       |
|                   | City   | State         |      | Zip Code   |     | Trans     | actio  | on ID : 2 | 26133A    | EE30644     | 7C09C0C |
|                   | Chicago  | IL            |      | 60661  | _ / | Amount    | t of E | Each Re   | eceipt th | nis Perio   | k       |
|                   | FEC ID number of contributing federal political committee.                                       | С             |      |  |     |           |        |           |           | 200         | .00     |
|                   | Name of Employer (for Individual)  | Оссі          | upa  | tion (for Individual)                                    |     | Me        | emo    | ltem      |           |             |         |
|                   | GE Healthcare  | Vice          | e Pr | esident and Senior Tax Counsel                           | 1   |           |        |           |           |             |         |
|                   | Receipt For:   | Aggregate     | Yea  | ar-to-Date 🔻   |     |           |        |           |           |             |         |
|                   | Primary General  |               |      | 0,000,000  |     |           |        |           |           |             |         |
|                   | Other (specify) ▼  | L             | -7-  | 2400.00  |     |           |        |           |           |             |         |
| В.                | Full Name of Individual (Last, First, Middle Initia Cubbin, Renae, , ,                           | al) or Full O | rga  | nization Name  | 1   | Date of   | f Rec  | eipt      |           |             |         |
|                   | Mailing Address 500 West Monroe Street   |               |      |  |     | M M       | 1      | D D D     | / Y       | 2023        | Y       |
|                   | City   | State         |      | Zip Code   | 1'  | Trans     | actio  | n ID : 0  | 61D9B     | BA00894     | F7D95A5 |
|                   | Chicago  | IL            |      | 60661  | 4   |           |        |           |           | nis Period  |         |
|                   | FEC ID number of contributing federal political committee.                                       | С             |      |  |     |           |        |           | -7        | 200         | .00     |
|                   | Name of Employer (for Individual)<br>GE Healthcare   |               | •    | tion (for Individual)<br>resident and Senior Tax Counse  | •   | Me        | emo    | Item      |           |             |         |
|                   | Receipt For:   | Anareaste     | Ye   | ar-to-Date 🔻   | -   |           |        |           |           |             |         |
|                   | Primary General  | riggrogato    | 100  |  |     |           |        |           |           |             |         |
|                   | Other (specify) ▼  | L             | ,    | 2400.00  |     |           |        |           |           |             |         |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Initia<br>Davis, Darren, R, ,                       | al) or Full O | rga  | nization Name  |     | Date of   | f Rec  | eipt      |           |             |         |
|                   | Mailing Address 500 West Monroe Street   |               |      |  |     | M M       | /      | D D<br>17 | / Y       | 2023        | Y       |
|                   | City   | State         |      | Zip Code   | 1   | Trans     | actic  | on ID : I | D7B019    | 2620EE4     | 79685A9 |
|                   | Chicago  | IL            |      | 60661  |     | Amount    | t of E | ach Re    | eceipt th | nis Perio   | k       |
|                   | FEC ID number of contributing federal political committee.                                       | С             |      |  |     |           | . ,    |           | 9         | 20          | .00     |
|                   | Name of Employer (for Individual)<br>GE Healthcare   |               | •    | tion (for Individual)<br>Engineering Director, Enterpris |     | M         | emo    | ltem      |           |             |         |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Yea  | ar-to-Date ▼<br>240.00                                   |     |           |        |           |           |             |         |
| s                 | UBTOTAL of Receipts This Page (optional)   |               |      | •  |     |           | . ,    |           | 7         | 420         | .00     |

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FOR LINE NUMBER:

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|---|------------------------|--|------------------------------------|-------------------------------|-------|---------------|------------------|-------------|------------|--|--|--|--|--|
| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page                | X                                  | 11a                           |       | 11b           | 11c              | 12          | <b>1</b> 7 |  |  |  |  |  |
| Any information copied from such Reports                            | and Statements ma      | l<br>ay not be sold or used by any p                             | erson fo                           | 13<br>or the                  | pur   | 14<br>pose of | 15<br>soliciting | contribu    | utions     |  |  |  |  |  |
| or for commercial purposes, other than us                           | ng the name and a      | address of any political committee                               | e to sol                           | ICIT COI                      | ntrib | utions t      | rom suci         |             | tee.       |  |  |  |  |  |
|   |                        |  |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| GE HealthCare Technologi  | es Inc. PAC            |  |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>A. Davis, Darren, R, , | dle Initial) or Full C | organization Name  |                                    | Date of                       | f Re  | ceipt         |                  |             |            |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                               | t                      |  |                                    | м м<br>12                     | /     | 15            | ) / Y            | y y<br>2023 | Y          |  |  |  |  |  |
| City  | State                  | Zip Code   |                                    | Trans                         | acti  | ion ID :      | 299921F          | C1BA64      | CB693DA    |  |  |  |  |  |
| Chicago   | IL                     | 60661  | A                                  | moun                          | t of  | Each R        | leceipt th       | is Period   | ł          |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | С                      |  |                                    |                               |       |               | 1 - 92           | 20          | .00        |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                        | upation (for Individual)<br>nior Engineering Director, Enterpris | 5                                  | М                             | emo   | Item          |                  |             |            |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date ▼   |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| Other (specify) ▼   |                        | 240.00   |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Delao, Andrew, J, , | dle Initial) or Full C | Organization Name  |                                    | Date of                       | f Re  | ceipt         |                  |             |            |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                               | t                      |  |                                    | 07 / D D / Y Y Y Y<br>28 2023 |       |               |                  |             |            |  |  |  |  |  |
| City  | State                  | Zip Code   |                                    | Trans                         | acti  | on ID :       | C258398          | FC53A4      | 6228EA8    |  |  |  |  |  |
| Chicago   | IL                     | 60661  | Amount of Each Receipt this Period |                               |       |               |                  |             |            |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                      |  |                                    |                               |       |               |                  | 58          | .00        |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                        | upation (for Individual)<br>ef Marketing & Strategy Officer, U   | S                                  | Μ                             | emo   | ltem          |                  |             |            |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date 🔻   |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| Other (specify)   |                        | 638.00   |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Delao, Andrew, J, , | dle Initial) or Full C | Organization Name  |                                    | Date of                       | f Re  | ceipt         |                  |             |            |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                               | et                     |  |                                    | м м<br>08                     | /     | 25            |                  | 2023        | Y          |  |  |  |  |  |
| City  | State                  | Zip Code   |                                    |                               |       |               |                  |             | 4B889A82   |  |  |  |  |  |
| Chicago<br>FEC ID number of contributing                            |                        | 60661  | A                                  | moun                          | t of  | Each R        | leceipt th       |             | 1<br>.00   |  |  |  |  |  |
| federal political committee.  | C                      |  |                                    |                               | om    | ) Item        | <u> </u>         | 50          |            |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                        | upation (for Individual)<br>of Marketing & Strategy Officer, U   | 5                                  | IVI                           | emc   | , item        |                  |             |            |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                  | Aggregate              | Year-to-Date ▼<br>638.00   |                                    |                               |       |               |                  |             |            |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                              | nal)                   |  | . [                                |                               |       | , .           | . ,              | 136         | .00        |  |  |  |  |  |

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| 111                    |   |                 |            | ach category of the<br>led Summary Page        |          | X 11a                        |           |                | -   | 12              | <b>_</b> |
| An                     | y information copied from such Reports and S                            | tatements ma    | ay not be  | e sold or used by any pe                       | erson    | for the                      | purpose   | e of solic     | iting c   | 16<br>ontributi | 0ns      |
| or                     | for commercial purposes, other than using the                           | name and a      | ddress (   | of any political committee                     | to s     | solicit cor                  | ntributio | ons from a     | such c  | committe        | e.       |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   |                 |            |  |          |                              |           |                |   |                 |          |
|                        | GE HealthCare Technologies Ir   | IC. PAC         |            |  |          |                              |           |                |   |                 |          |
| A.                     | Full Name of Individual (Last, First, Middle Ini<br>Delao, Andrew, J, , | tial) or Full C | rganizat   | on Name  |          | Date of                      | Receir    | ot             |   |                 |          |
|                        | Mailing Address 500 West Monroe Street                                  |                 |            |  |          | M M                          |           | D D /          | Y   | Y Y             | Y        |
|                        |   |                 |            |  |          | 09                           | ΙL        | 22             |   | 2023            |          |
|                        | City  | State           |            | Code<br>0661                                   |          | Trans                        | action    | ID : A454      | \F694   | 1533478         | BD86CA   |
|                        | Chicago   |                 | 0          | 1 001  | _        | Amount                       | of Ead    | ch Receip      | ot this   | Period          |          |
|                        | FEC ID number of contributing federal political committee.              | С               |            |  |          | <u> </u>                     | -         |                | 7   | 58.0            | 0        |
|                        | Name of Employer (for Individual)                                       | Occ             | upation    | (for Individual)                               |          | Me                           | emo Ite   | m              |   |                 |          |
|                        | GE Healthcare   | Chie            | ef Marke   | ting & Strategy Officer, US                    | 3        |                              |           |                |   |                 |          |
|                        | Receipt For:  | Aggregate       | Year-to-   | Date 🔻   |          |                              |           |                |   |                 |          |
|                        | Primary General<br>Other (specify) ▼                                    |                 |            | 638.00   |          |                              |           |                |   |                 |          |
|                        | Other (specify) V   |                 | -y-        |  |          |                              |           |                |   |                 |          |
|                        | Full Name of Individual (Last, First, Middle Ini                        | tial) or Full C | rganizat   | ion Name                                       |          |                              |           |                |   |                 |          |
| Β.                     | Delao, Andrew, J, ,   |                 |            |  |          | Date of                      | Receip    | ot             |   |                 |          |
|                        | Mailing Address 500 West Monroe Street                                  |                 |            |  |          | <sup>M</sup> <sup>M</sup> 10 | / D       | 20 /           | 2   | 2023            | Y        |
|                        | City  | State           | Zip        | Code   |          | Trans                        | action    | ID : 52AA      | 416804  | 1FE2447         | 79B260   |
|                        | Chicago   | IL              | 60         | 0661   |          |                              |           | ch Receip      |   |                 |          |
|                        | FEC ID number of contributing federal political committee.              | С               |            |  |          | <u> </u>                     |           |                | 7   | 58.0            | 0        |
|                        | Name of Employer (for Individual)                                       | Occ             | upation    | (for Individual)                               |          | Me                           | emo Ite   | m              |   |                 |          |
|                        | GE Healthcare   | Chi             | ef Marke   | ting & Strategy Officer, US                    | S        |                              |           |                |   |                 |          |
|                        | Receipt For:  | Aggregate       | Year-to-   | Date 🔻   |          |                              |           |                |   |                 |          |
|                        | Primary General   |                 |            | 638.00   |          |                              |           |                |   |                 |          |
|                        | Other (specify) <b>V</b>  |                 | <b>,</b> . | 030.00   |          |                              |           |                |   |                 |          |
| <u> </u>               | Full Name of Individual (Last, First, Middle Ini<br>Delao, Andrew, J, , | tial) or Full C | organizat  | ion Name                                       |          | Date of                      | Receir    |                |   |                 |          |
| Ο.                     | Mailing Address 500 West Monroe Street                                  |                 |            |  |          | M M                          |           | D /            |   | Y Y             | Y        |
|                        | <u></u>   | Stata           | 7:-        | Code   |          | 11<br><b>T</b> rong          |           | 17<br>ID : DAG | the second se | 2023            |          |
|                        | City<br>Chicago   | State<br>IL     | · · ·      | 661  | $\vdash$ |                              |           | ID : DA6       |   |                 | roA4E7   |
|                        |   |                 |            |  | $\neg$   | Amount                       | or Eac    | ch Receip      | ກ ເກເຣ  | Period          |          |
|                        | FEC ID number of contributing federal political committee.              | С               |            |  |          | L.                           | - y       |                | 9   | 58.0            | 0        |
|                        |   |                 |            |  |          | M                            | emo Ite   |                |   |                 |          |
|                        | Name of Employer (for Individual)<br>GE Healthcare                      |                 | •          | (for Individual)<br>ing & Strategy Officer, US | :        |                              |           | ,,,,,          |   |                 |          |
|                        | Receipt For:  | Aggregate       |            |  |          |                              |           |                |   |                 |          |
|                        | Primary General   | Ayyreyale       | 10-        |  |          |                              |           |                |   |                 |          |
|                        | Other (specify)   | 638.00          |            |  |          |                              |           |                |   |                 |          |
| _                      |   |                 | ,          | ,  |          |                              |           |                |   |                 |          |
| _                      |   |                 |            |  |          |                              |           |                |   | 174.0           | 0        |
|                        | UBTOTAL of Receipts This Page (optional)                                |                 |            | ▶  | -        | ++                           | 7         |                | ,   | -               | ++       |
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| ITEMIZED RECEIPTS   | -                      | Use separate schedule(s)  | (ch                               | neck only   | on on | e)    |         |                        |        |  |  |  |
|---|------------------------|---|-----------------------------------|---|-------|-------|---------|------------------------|--------|--|--|--|
|   |                        | for each category of the<br>Detailed Summary Page               |                                   | <b>X</b> 11a  |       | 11b   | 11c     | 12                     | ,      |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                        |   | , 10 5                            |   |       |       | Sin Suc |                        |        |  |  |  |
| GE HealthCare Technologi  | es Inc. PAC            |   |                                   |   |       |       |         |                        |        |  |  |  |
| Full Name of Individual (Last, First, Mic<br>A. Delao, Andrew, J, ,                   | dle Initial) or Full C | rganization Name  |                                   | Date of   | Red   | ceipt |         |                        |        |  |  |  |
| Mailing Address 500 West Monroe Stree   | ət                     |   |                                   | <sup>M</sup> 12   | /     | D 15  | D / Y   | ү ү<br>2023            | Y      |  |  |  |
| City<br>Chicago   | State<br>IL            | Zip Code<br>60661   |                                   |   |       |       |         | 561DAF49<br>his Period | 5DBA49 |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                      |   |                                   |   |       | ,     |         | 58.0                   | 00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                    |                        | upation (for Individual)<br>ef Marketing & Strategy Officer, US | s                                 | Me  | emo   | ltem  |         |                        |        |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate              | Year-to-Date ▼<br>638.00  |                                   |   |       |       |         |                        |        |  |  |  |
| Full Name of Individual (Last, First, Mic<br>B. Depaulis, Mark, Joseph, ,             | dle Initial) or Full C | rganization Name  |                                   | Date of   | Red   | ceipt |         |                        |        |  |  |  |
| Mailing Address 500 West Monroe Stree   | t                      |   | M M / D D / Y Y Y Y<br>11 17 2023 |   |       |       |         |                        |        |  |  |  |
| City<br>Chicago   | State<br>IL            | Zip Code<br>60661   |                                   | Transaction ID : 0BB7F7D9BB574E7F9B52<br>Amount of Each Receipt this Period |       |       |         |                        |        |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                      |   |                                   | <u> </u>  |       | ,     | -7      | 20.0                   | 00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                    |                        | upation (for Individual)<br>actor of Medical Operations, Amer   | ic                                | Me  | emo   | ltem  |         |                        |        |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate              | Year-to-Date ▼<br>235.00  |                                   |   |       |       |         |                        |        |  |  |  |
| Full Name of Individual (Last, First, Mic<br>C. Depaulis, Mark, Joseph, ,             | dle Initial) or Full C | rganization Name  |                                   | Date of   | Red   | ceipt |         |                        |        |  |  |  |
| Mailing Address 500 West Monroe Stree   | ət                     |   |                                   | <sup>M</sup> 12   | /     | D 15  |         | y y<br>2023            | Y      |  |  |  |
| City<br>Chicago   | State<br>IL            | Zip Code<br>60661   |                                   |   |       |       |         | B629E341<br>nis Period | A9BAD1 |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                      |   |                                   | <u> </u>  | _     | ,     | · ·     | 20.0                   |        |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                    |                        | upation (for Individual)<br>ctor of Medical Operations, Ameri   | с                                 | Me  | emo   | ltem  |         |                        |        |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate              | Year-to-Date ▼<br>235.00  |                                   |   |       |       |         |                        |        |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                   | •   |                                   |   |       | ,     | . ,     | 98.0                   | 00     |  |  |  |

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|   | -                      | Use separate schedule(s)                              | (check only      | / one)          |           |             |                 |
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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page     | X 11a            | 11b             | 11c       | 12          |                 |
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| or for commercial purposes, other than using                                  | ng the name and a      | address of any political committee                    | e to solicit cor | ntributions fro | m such    | committe    | <del>)</del> 0. |
| NAME OF COMMITTEE (In Full)   |                        |   |                  |                 |           |             |                 |
| GE HealthCare Technologi  | es Inc. PAC            |   |                  |                 |           |             |                 |
| Full Name of Individual (Last, First, Mide                                    | dle Initial) or Full C | Organization Name                                     |                  |                 |           |             |                 |
| A. Dondlinger, Heidi, A, ,  |                        |   | Date of          | Receipt         |           |             |                 |
| Mailing Address 500 West Monroe Stree   | t                      |   | 11 M             | / D D<br>17     | / Y       | y y<br>2023 | Y               |
| City  | State                  | Zip Code  | Trans            | action ID : 8   | F313C8    | 2B6D640     | 37BCCE          |
| Chicago   | IL                     | 60661   | Amount           | of Each Red     | ceipt thi | s Period    |                 |
| FEC ID number of contributing federal political committee.                    | С                      |   |                  |                 | -y        | 20.0        | 0               |
| Name of Employer (for Individual)   | Occ                    | upation (for Individual)                              | Me               | emo Item        |           |             |                 |
| GE Healthcare   | Ser                    | nior Global Product Manager, Pati                     | ent              |                 |           |             |                 |
| Receipt For:  | Aggregate              | Year-to-Date <b>V</b>                                 |                  |                 |           |             |                 |
| Primary General<br>Other (specify) ▼  |                        | 240.00  | 1                |                 |           |             |                 |
|   |                        |   |                  |                 |           |             |                 |
| Full Name of Individual (Last, First, Mide<br>B. Dondlinger, Heidi, A, ,      | dle Initial) or Full C | Organization Name                                     | Date of          | Receipt         |           |             |                 |
| Mailing Address 500 West Monroe Stree   | t                      |   | M M<br>12        | / D D<br>15     | / Y       | y y<br>2023 | Y               |
| City  | State                  | Zip Code  | Trans            | action ID : 1E  | 3A8B15    | AEC964      | 34D8D02         |
| Chicago   | IL                     | 60661   | Amount           | of Each Red     | ceipt thi | s Period    |                 |
| FEC ID number of contributing federal political committee.                    | С                      |   |                  |                 | -ge       | 20.0        | 0               |
| Name of Employer (for Individual)   |                        | upation (for Individual)                              |                  | emo Item        |           |             |                 |
| GE Healthcare   | Ser                    | nior Global Product Manager, Pati                     | en               |                 |           |             |                 |
| Receipt For:  | Aggregate              | Year-to-Date ▼  |                  |                 |           |             |                 |
| Other (specify) V   |                        | , 240.00  | ]                |                 |           |             |                 |
| Full Name of Individual (Last, First, Mide<br>C. Donohoe, Michael, Patrick, , | dle Initial) or Full C | Organization Name                                     | Date of          | Receipt         |           |             |                 |
| Mailing Address 500 West Monroe Stree   | t                      |   | 07               | / D D 28        | / Y       | y y<br>2023 | Y               |
| City  | State                  | Zip Code  | Trans            | action ID: 4    | 2E9A85    | B2DF643     | 7CB0C1          |
| Chicago   | IL                     | 60661   | Amount           | of Each Red     | ceipt thi | s Period    |                 |
| FEC ID number of contributing federal political committee.                    | С                      |   |                  |                 | y         | 208.0       | 0               |
| Name of Employer (for Individual)<br>GE Healthcare                            |                        | upation (for Individual)<br>n & Transformation Leader | Me               | emo Item        |           |             |                 |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate              | Year-to-Date ▼<br>2288.00                             | ]                |                 |           |             |                 |
| SUBTOTAL of Receipts This Page (option  | nal)                   |   |                  |                 | y         | 248.0       | 0               |

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|              |  |                | i    | Detailed Summary Page                          |        | 11a             |      | 11b    |                 | 11c       | 12        |        |
|--------------|--|----------------|------|--|--------|-----------------|------|--------|-----------------|-----------|-----------|--------|
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| or           | y information copied from such Reports and St<br>for commercial purposes, other than using the |                |      |  |        |                 |      |        |                 |           |           |        |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                |      |  |        |                 |      |        |                 |           |           |        |
|              | GE HealthCare Technologies In  | ic. PAC        |      |  |        |                 |      |        |                 |           |           |        |
| Α.           | Full Name of Individual (Last, First, Middle Init<br>Donohoe, Michael, Patrick, ,              | ial) or Full C | Drga | nization Name                                  |        | Date o          | f Re | eceip  | ot              |           |           |        |
|              | Mailing Address 500 West Monroe Street   |                |      |  |        | M M             | /    | D      | 25              | / Y       | 2023      | Y      |
|              | City   | State          |      | Zip Code                                       |        | Trans           | sact | ion I  | D : 5           | 376E8C    | 8008747   | 7B90CC |
|              | Chicago  | IL             |      | 60661  |        | Amoun           | t of | Eac    | h Re            | ceipt thi | is Period |        |
|              | FEC ID number of contributing<br>federal political committee.                                  | С              |      |  |        |                 |      | -      |                 | -,-       | 208.0     | 00     |
|              | Name of Employer (for Individual)<br>GE Healthcare   |                | •    | tion (for Individual)<br>Transformation Leader |        | M               | emo  | b Iter | m               |           |           |        |
|              | Receipt For:   | Aggregate      | Vor  | ar-to-Date 🔻                                   |        |                 |      |        |                 |           |           |        |
|              | Primary General  | Aggregate      | 100  |  | 11.    |                 |      |        |                 |           |           |        |
|              | Other (specify) ▼  | L              | -9-  | 2288.00  |        |                 |      |        |                 |           |           |        |
|              | Full Name of Individual (Last, First, Middle Init<br>Donohoe, Michael, Patrick, ,              | ial) or Full C | Drga | nization Name                                  |        | Date o          | f Re | eceip  | ot              |           |           |        |
|              | Mailing Address 500 West Monroe Street   |                |      |  |        | м м<br>09       | /    | D      | 22              | / Y       | 2023      | Y      |
|              | City   | State          |      | Zip Code                                       |        | Trans           | acti | ion I  | D:6             | 325F98    | 8B47E4D   | 89965D |
|              | Chicago  | IL             |      | 60661  |        |                 |      |        |                 |           | is Period |        |
|              | FEC ID number of contributing federal political committee.                                     | С              |      |  |        |                 |      | -      |                 | -9-       | 208.0     | 00     |
|              | Name of Employer (for Individual)  | Occ            | nuna | tion (for Individual)                          | _      | М               | emo  | b Iter | m               |           |           |        |
|              | GE Healthcare  |                | •    | Transformation Leader                          |        |                 |      |        |                 |           |           |        |
|              | Receipt For:   | Aggregate      | Vos  | ar-to-Date 🔻                                   | $\neg$ |                 |      |        |                 |           |           |        |
|              | Primary General  | Aggregate      | 100  |  | 11.    |                 |      |        |                 |           |           |        |
|              | Other (specify) ▼  | L              | ,    | 2288.00  |        |                 |      |        |                 |           |           |        |
| с.           | Full Name of Individual (Last, First, Middle Init Donohoe, Michael, Patrick, ,                 | ial) or Full C | Drga | nization Name                                  |        | Date o          | f Re | eceip  | ot              |           |           |        |
|              | Mailing Address 500 West Monroe Street   |                |      |  |        | <sup>M</sup> 10 | /    | D      | 20 <sup>D</sup> | / Y       | 2023      | Y      |
|              | City   | State          |      | Zip Code                                       |        | Trans           | sact | ion I  | ID : 9          | E91465    | E5D3B4P   | 5BB3F  |
| -            | Chicago  | IL             |      | 60661  |        | Amoun           | t of | Eac    | h Re            | ceipt th  | is Period |        |
|              | FEC ID number of contributing<br>federal political committee.                                  | С              |      |  |        |                 |      | 9      |                 | 9         | 208.0     | 00     |
|              | Name of Employer (for Individual)<br>GE Healthcare   |                | •    | tion (for Individual)<br>Transformation Leader |        | M               | lemo | o Itei | m               |           |           |        |
|              | Receipt For:   |                |      |  |        |                 |      |        |                 |           |           |        |
|              | Primary General<br>Other (specify)   | Aggregale      | rea  | ar-to-Date ▼<br>2288.00                        |        |                 |      |        |                 |           |           |        |
| sı           | JBTOTAL of Receipts This Page (optional)   |                |      |  | -      |                 |      | 9      | _               | 9         | 624.0     | 0      |

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| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page           |            |   | 11b         | 11c        | 12          | 17    |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |                   |   |            |   |             |            |             |       |  |  |  |  |  |  |
| GE HealthCare Technologies   | Inc. PAC          |   |            |   |             |            |             |       |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle  <br><b>A.</b> Donohoe, Michael, Patrick, ,       | nitial) or Full O | rganization Name  | Dat        | Date of Receipt   |             |            |             |       |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   |            | 11  | / D D<br>17 | / Y        | 2023        | Y     |  |  |  |  |  |  |
| City   | State             | Zip Code  | Т          | ransac  | tion ID :   | FC7806     | 7FBABB4     | D468D |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Am         | ount of   | Each R      | eceipt th  | nis Period  |       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                 |   |            | _   |             | 1 - 4P     | 208.        | 00    |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Осси              | upation (for Individual)                                    |            | Mem   | o Item      |            |             |       |  |  |  |  |  |  |
| GE Healthcare  | Lear              | n & Transformation Leader                                   |            |   |             |            |             |       |  |  |  |  |  |  |
| Receipt For:   | Anareaate         | Year-to-Date ▼  |            |   |             |            |             |       |  |  |  |  |  |  |
| Primary General  | , iggi cgale      |   |            |   |             |            |             |       |  |  |  |  |  |  |
| Other (specify)  |                   | 2288.00   |            |   |             |            |             |       |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Donohoe, Michael, Patrick, ,                 | nitial) or Full O | rganization Name  | Dat        | te of R   | eceipt      |            |             |       |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   |            | M         M         J         D         D         J         Y |             |            |             |       |  |  |  |  |  |  |
| City   | State             | Zip Code  | Tr         |   |             |            |             |       |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Am         | Amount of Each Receipt this Period  |             |            |             |       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                 |   |            | 208.00  |             |            |             |       |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occi              | upation (for Individual)                                    | $\neg$     | Mem   | o Item      |            |             |       |  |  |  |  |  |  |
| GE Healthcare  |                   | n & Transformation Leader                                   |            |   |             |            |             |       |  |  |  |  |  |  |
| Receipt For:   | Anareaste         | Year-to-Date <b>V</b>                                       |            |   |             |            |             |       |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   | , iggi egale      | 2288.00   |            |   |             |            |             |       |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Donohue, Kevin, A, ,                      | nitial) or Full O | rganization Name  | Det        | te of R   | eceint      |            |             |       |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   | M          | 07  | / D D 28    | / Y        | y y<br>2023 | Y     |  |  |  |  |  |  |
| City   | State             | Zip Code  |            | ransac  | tion ID :   | CE19CE     | D6D5AA5     | 19DAB |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Am         | ount of   | Each R      | eceipt th  | nis Period  |       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                 |   |            | _   | , ,         | . ,        | 58.         |       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>nternational Tax Counsel and Ta | ax         | Mem   | o Item      |            |             |       |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>580.00                                    |            |   |             |            |             |       |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                   |   |            |   | , ,         | . ,        | 474.        |       |  |  |  |  |  |  |

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| or for commercial purposes, other than usir                           | ng the name and a      | address of any political committe                             | e to solicit cor | ntributions fr              | om such   | n committe | e.     |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | _                      |   |                  |                             |           |            |        |  |  |  |  |  |  |
| / GE HealthCare Technologie   | es Inc. PAC            |   |                  |                             |           |            |        |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd                            | lle Initial) or Full C | Organization Name   |                  |                             |           |            |        |  |  |  |  |  |  |
| A. Donohue, Kevin, A, ,   |                        |   | Date of          | Receipt                     |           |            |        |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                | :                      |   | 08               | / D D<br>25                 | / Y       | 2023       | Y      |  |  |  |  |  |  |
| City  | State                  | Zip Code  |                  | action ID : 7               | 7D18D9I   |            | FD8B2A |  |  |  |  |  |  |
| Chicago   | IL                     | 60661   |                  | of Each Re                  |           |            |        |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                      |   |                  |                             |           | 58.0       | 0      |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | upation (for Individual)<br>International Tax Counsel and Ta  |                  | emo Item                    |           |            |        |  |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date 🔻  |                  |                             |           |            |        |  |  |  |  |  |  |
| Other (specify) ▼   |                        | 580.00  | ]                |                             |           |            |        |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Donohue, Kevin, A, , |                        | Organization Name   | Date of          | Receipt                     |           |            |        |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                | 1                      |   | 09               |                             |           |            |        |  |  |  |  |  |  |
| City<br>Chicago   | State<br>IL            | Zip Code<br>60661   |                  | action ID : 7<br>of Each Re |           |            | 55A65C |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                      |   |                  |                             | - 45-     | 58.0       | 0      |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | cupation (for Individual)<br>International Tax Counsel and Ta |                  | emo Item                    |           |            |        |  |  |  |  |  |  |
| Receipt For:  | Aggregate              | Year-to-Date 🔻  |                  |                             |           |            |        |  |  |  |  |  |  |
| Other (specify)   |                        | 580.00  | ]                |                             |           |            |        |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Donohue, Kevin, A, , | lle Initial) or Full C | Organization Name   | Date of          | Receipt                     |           |            |        |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                | t                      |   | M M 10           | / D D<br>20                 | / Y       | 2023 Y     | Y      |  |  |  |  |  |  |
| City  | State<br>IL            | Zip Code  |                  | action ID : 9               |           |            | 1E9E77 |  |  |  |  |  |  |
| Chicago   | IL                     | 60661   | Amount           | of Each Re                  | eceipt th | is Period  |        |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | С                      |   |                  | y                           | y         | 58.0       | 00     |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | upation (for Individual)<br>International Tax Counsel and Ta  |                  | emo Item                    |           |            |        |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                    | Aggregate              | Year-to-Date ▼<br>580.00                                      | ]                |                             |           |            |        |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                | al)                    |   |                  | y .                         |           | 174.0      | 0      |  |  |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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| ILENIIZED KEGEIPIJ  |                        | for each category of the<br>Detailed Summary Page             | X 11a         | 11b             | 11c              | 12               | <b>_</b> |
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| or for commercial purposes, other than usin                           | ig the name and a      | address of any political committee                            | to solicit co | ntributions fro | om such          | committe         | e.       |
| NAME OF COMMITTEE (In Full)   |                        |   |               |                 |                  |                  |          |
| GE HealthCare Technologie   | es Inc. PAC            |   |               |                 |                  |                  |          |
| Full Name of Individual (Last, First, Midd<br>A. Donohue, Kevin, A, , | lle Initial) or Full C | organization Name   | Date o        | f Receipt       |                  |                  |          |
| Mailing Address 500 West Monroe Street                                |                        |   | 11            | / D D           | / Y              | y y<br>2023      | Y        |
| City  | State                  | Zip Code  | Trans         | saction ID : 4  | 8B6CAF           |                  | -B78640  |
| Chicago   | IL                     | 60661   |               | t of Each Re    |                  |                  |          |
| FEC ID number of contributing federal political committee.            | С                      |   |               | 7               | -9               | 58.0             | 0        |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | upation (for Individual)<br>International Tax Counsel and Tax |               | emo Item        |                  |                  |          |
| Receipt For:  | Aggregate              | Year-to-Date ▼  |               |                 |                  |                  |          |
| Other (specify) ▼   |                        | 580.00  |               |                 |                  |                  |          |
| Full Name of Individual (Last, First, Midd<br>B. Donohue, Kevin, A, , |                        | rganization Name  | Date o        | f Receipt       |                  |                  |          |
| Mailing Address 500 West Monroe Street                                |                        |   | M M<br>12     | / D D<br>15     | / Y              | y y<br>2023      | Y        |
| City  | State                  | Zip Code  | Trans         | action ID : 2   | 015E03F          | A89E439          | 2BF58    |
| Chicago   | IL                     | 60661   | Amoun         | t of Each Re    | ceipt this       | Period           |          |
| FEC ID number of contributing federal political committee.            | C                      |   |               |                 | -                | 58.0             | 0        |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | upation (for Individual)<br>International Tax Counsel and Tax |               | emo Item        |                  |                  |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate              | Year-to-Date ▼<br>580.00                                      |               |                 |                  |                  |          |
| Full Name of Individual (Last, First, Midd<br>C. Dunham, Dustin, M, , | lle Initial) or Full C | organization Name   | Date o        | f Receipt       |                  |                  |          |
| Mailing Address 500 West Monroe Street                                |                        |   | 07            | / D D 28        | / Y              | 2023 Y           | Y        |
| City  | State                  | Zip Code  |               | saction ID : A  |                  |                  | DCBC37   |
| Chicago   | IL                     | 60661   | Amoun         | t of Each Re    | ceipt this       | Period           |          |
| FEC ID number of contributing federal political committee.            | С                      |   |               | y               | 9                | 58.0             | 0        |
| Name of Employer (for Individual)<br>GE Healthcare                    |                        | upation (for Individual)<br>d of Global Medical Services, Ame |               | lemo Item       |                  |                  |          |
| Receipt For:<br>Primary General<br>Other (specify)                    | Aggregate              | Year-to-Date ▼<br>580.00                                      |               |                 |                  |                  |          |
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| <u> </u>     | for commercial purposes, other than using the                            | e name and a     | addi     | ress of any political committee                          | e to s    | solicit con     | itrib | utions fi | rom such  | n committ  | ee.     |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                  |          |  |           |                 |       |           |           |            |         |
|              | GE HealthCare Technologies In  | nc. PAC          |          |  |           |                 |       |           |           |            |         |
| -            | Full Name of Individual (Last, First, Middle Ini                         | itial) or Full C | Drga     | nization Name  |           | _               | _     |           |           |            |         |
| Α.           | Dunham, Dustin, M, ,   |                  |          |  | _         | Date of         | Re    | ceipt     |           |            |         |
|              | Mailing Address 500 West Monroe Street                                   |                  |          |  |           | м м<br>08       | 1     | D D D 25  | / Y       | 2023       | Y       |
|              | City   | State            |          | Zip Code   |           | Trans           | acti  | on ID :   | 39AB0E    | 6E634E4    | F668F8A |
|              | Chicago  | IL               |          | 60661  | _         | Amount          | of    | Each R    | eceipt th | is Period  |         |
|              | FEC ID number of contributing federal political committee.               | С                |          |  |           |                 |       | -         |           | 58.        | 00      |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                  | •        | tion (for Individual)<br>f Global Medical Services, Ame  | eri       | Me              | emo   | Item      |           |            |         |
|              | Receipt For:   | Aggregate        | Ye       | ar-to-Date ▼   |           |                 |       |           |           |            |         |
|              | Primary General<br>Other (specify) ▼                                     |                  | -7       | 580.00   |           |                 |       |           |           |            |         |
|              | Full Name of Individual (Last, First, Middle Ini<br>Dunham, Dustin, M, , | itial) or Full C | Drga     | nization Name  |           | Date of         | Re    | ceipt     |           |            |         |
|              | Mailing Address 500 West Monroe Street                                   |                  |          |  |           | м м<br>09       | /     | D D<br>22 | / Y       | 2023       | Y       |
|              | City<br>Chicago  | State<br>IL      |          | Zip Code<br>60661  | -         |                 |       |           |           | E4CB64     | EFB9CF2 |
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|              | FEC ID number of contributing federal political committee.               | C                |          |  |           | Ľ.              | _     |           |           | 58.        | 00      |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                  |          | ation (for Individual)<br>of Global Medical Services, Am | еі        | Me              | emo   | Item      |           |            |         |
|              | Receipt For:   | Aggregate        | Ye       | ar-to-Date 🔻   |           |                 |       |           |           |            |         |
|              | Primary General<br>Other (specify) ▼                                     |                  | <b>,</b> | 580.00   |           |                 |       |           |           |            |         |
| С.           | Full Name of Individual (Last, First, Middle Ini<br>Dunham, Dustin, M, , | itial) or Full C | Drga     | nization Name  |           | Date of         | Re    | ceipt     |           |            |         |
|              | Mailing Address 500 West Monroe Street                                   |                  |          |  |           | 10 <sup>M</sup> | /     | D D D 20  | / Y       | 2023       | Y       |
|              | City   | State            |          | Zip Code   |           | Trans           | acti  | ion ID :  | C916BE    | 411C014    | 3EE9BEC |
|              | Chicago  | IL               |          | 60661  |           | Amount          | of    | Each R    | eceipt th | is Period  |         |
|              | FEC ID number of contributing federal political committee.               | С                |          |  |           |                 |       | y .       | , y       | 58.        | 00      |
|              | Name of Employer (for Individual)<br>GE Healthcare                       |                  | •        | tion (for Individual)<br>f Global Medical Services, Ame  | əri       | Me              | emo   | Item      |           |            |         |
|              | Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate        | Ye       | ar-to-Date ▼<br>580.00                                   |           |                 |       |           |           |            |         |
| sı           | JBTOTAL of Receipts This Page (optional)                                 |                  |          | •  | <br>-     |                 |       | ,         | . ,       | 174.(      | 00      |

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|   |   |  | Use separate schedule(s)<br>for each category of the |   |        | (check only one)                      |       |               |                  |                      |          |  |  |  |
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|   | ED RECEIPTS   |  |  | ch category of the<br>ed Summary Page     |        | X 11a                                 |       | 11b           | 11c              | 12                   | <b>_</b> |  |  |  |
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|   | nmercial purposes, other than using   | the name and a   | ddress of  | any political committee                   | e to s | solicit co                            | ntrib | utions fi     | rom such         | n committ            | ee.      |  |  |  |
|   | OF COMMITTEE (In Full)  |  |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
| / GE  | HealthCare Technologies   | Inc. PAC   |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   | ame of Individual (Last, First, Middle  | rganizatio   | n Name   |   | _      |                                       |       |               |                  |                      |          |  |  |  |
|   | Dunham, Dustin, M, ,  |  |  |   |        | Date of Receipt                       |       |               |                  |                      |          |  |  |  |
| Mailing   | Aailing Address 500 West Monroe Street  |  |  |   |        | 11 17 2023                            |       |               |                  |                      |          |  |  |  |
| City  |   | State  |  |   |        | Transaction ID : FC41E930D5D049798094 |       |               |                  |                      |          |  |  |  |
| Chica   | go  | IL   | 60661  |   | _      | Amount of Each Receipt this Period    |       |               |                  |                      |          |  |  |  |
|   | D number of contributing<br>I political committee.  | C  |  |   |        |                                       |       |               |                  | 58.                  | 00       |  |  |  |
| Name  |   |  |  | upation (for Individual)                  |        |                                       |       | Item          |                  |                      |          |  |  |  |
|   | althcare  | Hea  | d of Globa   | eri                                       |        |                                       |       |               |                  |                      |          |  |  |  |
| Receip  |   | Aggregate Year-to-Date ▼   |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   | Primary General<br>Other (specify) ▼  |  |  | 580.00                                    |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   |  |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Dunham, Dustin, M, , |  |  |   |        | Date of                               | f Re  | ceipt         |                  |                      |          |  |  |  |
| Mailing   | Mailing Address 500 West Monroe Street  |  |  |   |        | M M                                   | /     |               | / Y              | Y Y                  | Y        |  |  |  |
| City  |   | State  | Zip (  | ode                                       | _      | 12                                    | ۰.    | 15            |                  | 2023                 |          |  |  |  |
| Chicag  | 90  | IL   | 606  |   |        |                                       |       |               |                  | 4B99E45<br>is Period | 6088C1   |  |  |  |
| FEC II  | D number of contributing  |  |  |   |        |                                       |       |               | eee.pt           |                      | _        |  |  |  |
|   | I political committee.  | C  |  |   |        | <u>L</u> .                            | _     |               | -                | 58.                  | 00       |  |  |  |
| GE He   | of Employer (for Individual)<br>althcare  |  | •  | or Individual)<br>al Medical Services, Am | еі     | M                                     | emo   | Item          |                  |                      |          |  |  |  |
|   | Receipt For:       Aggregate         Primary       General         Other (specify) ▼                    |  |  | gate Year-to-Date ▼<br>580.00             |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   |  |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   |  |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   | ame of Individual (Last, First, Middle<br>n, John, M, ,   | Initial) or Full C   | organizatio  | n Name                                    |        | Date of                               | f Re  | ceipt         |                  |                      |          |  |  |  |
| Mailing   | Address 500 West Monroe Street  |  |  |   |        | м м<br>07                             | /     | 28            | / Y              | 2023                 | Y        |  |  |  |
| City  |   | State  | Zip (  |   |        | Trans                                 | sact  | ion ID :      | DDB270           | F4C1014              | 6598EBE  |  |  |  |
| Chica   | go  | IL   | 606  | 61  | -      | Amount                                | t of  | Each R        | eceipt th        | is Period            |          |  |  |  |
|   | D number of contributing<br>I political committee.  | ů – Elektrik – Elektri |  |   |        |                                       |       | ,             | 9                | 58.                  | 00       |  |  |  |
| GE He   | of Employer (for Individual)<br>ealthcare   | Occupation (for Individual)<br>VP - Cyber Security   |  |   |        | M                                     | emc   | ltem          |                  |                      |          |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) Aggregate Year-to- |   |  | Year-to-D  | ear-to-Date ▼                             |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   |  |  | 522.00                                    |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   |  |  |   |        |                                       |       |               |                  |                      |          |  |  |  |
|   |   | 1  |  |   |        | _                                     | -     |               |                  |                      | _        |  |  |  |
| SUBTOT  | TAL of Receipts This Page (optional)  |  |  |   |        |                                       |       | <b>y</b>      |                  | 174.(                | 00       |  |  |  |
|   |   |  |  |   | -      | 100 C                                 |       |               |                  |                      |          |  |  |  |

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

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FOR LINE NUMBER:

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|   |   | Use separate schedule(s)  | (C              | heck only | y one                               | e)        |                 |           |        |          |  |  |
|---|---|---|-----------------|-----------|-------------------------------------|-----------|-----------------|-----------|--------|----------|--|--|
| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                 |                 | X 11a     |                                     | 11b<br>14 | 11c             | 12        | [      | 717      |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th | Statements ma   | ay not be sold or used by any paddress of any political committee | person          | for the   | purp                                | ose of    | 15<br>solicitin | g contrib | oution | 17<br>IS |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |                 |           |                                     |           |                 |           |        |          |  |  |
| GE HealthCare Technologies  | Inc. PAC  |   |                 |           |                                     |           |                 |           |        |          |  |  |
| Full Name of Individual (Last, First, Middle I<br>A. Dunn, John, M, ,                           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name |   |                 |           |                                     |           |                 |           |        |          |  |  |
| Mailing Address 500 West Monroe Street  |   |   | Date of Receipt |           |                                     |           |                 |           |        |          |  |  |
| City  | State   | Zip Code  |                 | Trans     | actio                               | -         | 095A97          | FDE8D3    | 496C   | BCA      |  |  |
| Chicago   | IL  | 60661   |                 |           |                                     |           |                 | his Peric |        |          |  |  |
| FEC ID number of contributing federal political committee.                                      | С   |   |                 |           |                                     | -         |                 | 58        | 8.00   |          |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  | Occ<br>VP   |   | M               | emo       | Item                                |           |                 |           |        |          |  |  |
| Receipt For:  | Aggregate   | Year-to-Date <b>V</b>   |                 |           |                                     |           |                 |           |        |          |  |  |
| Primary General<br>Other (specify) ▼  |   | 522.00  | ]               |           |                                     |           |                 |           |        |          |  |  |
| Full Name of Individual (Last, First, Middle I<br>B. Dunn, John, M, ,                           | nitial) or Full C   | Organization Name   |                 | Date of   | Rec                                 | ceipt     |                 |           |        |          |  |  |
| Mailing Address 500 West Monroe Street  | Mailing Address 500 West Monroe Street  |   |                 |           | M M / D D / Y Y Y Y Y<br>09 22 2023 |           |                 |           |        |          |  |  |
| City  | State   | Zip Code  |                 | Trans     | actio                               | on ID :   | 58BA1A          | 874421    | 4E24   | 9C27     |  |  |
| Chicago   | IL  | 60661   |                 | Amount    | of E                                | Each F    | Receipt t       | his Peric | bd     |          |  |  |
| FEC ID number of contributing federal political committee.                                      | С   |   |                 |           | ,                                   |           | 5               | 8.00      |        |          |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  | Occ<br>VP   |   | M               | emo       | ltem                                |           |                 |           |        |          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | ]   |                 |           |                                     |           |                 |           |        |          |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. EI-Demerdash, Mohamed, , ,                 | nitial) or Full C   | Drganization Name   |                 | Date of   | Rec                                 | eipt      |                 |           |        |          |  |  |
| Mailing Address 500 West Monroe Street  |   |   |                 | 07        | /                                   | D 28      |                 | 2023      | Y      |          |  |  |
| City  | State   | Zip Code  |                 |           |                                     | -         | -               | 591EF11   | -      | 8CF8     |  |  |
| Chicago   | IL  | 60661   |                 | Amount    | ofE                                 | Each F    | Receipt t       | his Peric | d      |          |  |  |
| FEC ID number of contributing federal political committee.                                      | С   |   |                 |           |                                     | ,         | . ,             | 20        | 0.00   |          |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |   | cupation (for Individual)<br>CAN Service Leader                   |                 | M         | emo                                 | ltem      |                 |           |        |          |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>2400.00   | ]               |           |                                     |           |                 |           |        |          |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   |   | •               |           |                                     | , ,       |                 | 316       | 6.00   |          |  |  |

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#### SCHEDULE A (FEC Form 3X) D DECEIDTO 84175

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FOR LINE NUMBER:

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|                  | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|------------------|---|----------------|---|---|--|--|--|--|--|--|--|--|--|
|                  | y information copied from such Reports and S for commercial purposes, other than using the                                |                |   | e to solicit contributions from such committee.   |  |  |  |  |  |  |  |  |  |
| $\left  \right $ | NAME OF COMMITTEE (In Full)   |                |   |   |  |  |  |  |  |  |  |  |  |
|                  | GE HealthCare Technologies Ir   | nc. PAC        |   |   |  |  |  |  |  |  |  |  |  |
| Α.               | Full Name of Individual (Last, First, Middle Init<br>EI-Demerdash, Mohamed, , ,<br>Mailing Address 500 West Monroe Street | ial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                  | City  | State          | Zip Code  | 08 25 2023<br>Transaction ID : 9F7751EF332C418CAFE6   |  |  |  |  |  |  |  |  |  |
|                  | Chicago   | IL             | 60661   |   |  |  |  |  |  |  |  |  |  |
|                  |   |                |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.  | C              |   | 200.00  |  |  |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)   | Occ            | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |
|                  | GE Healthcare   | USC            | CAN Service Leader                                |   |  |  |  |  |  |  |  |  |  |
|                  | Receipt For:  | Aggregate      | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
|                  | Primary General   | , .gg. oguto   |   | 1   |  |  |  |  |  |  |  |  |  |
|                  | Other (specify) ▼   | L              | 2400.00   |   |  |  |  |  |  |  |  |  |  |
| в.               | Full Name of Individual (Last, First, Middle Init<br>EI-Demerdash, Mohamed, , ,   | ial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |                |   | 09 22 2023  |  |  |  |  |  |  |  |  |  |
|                  | City  | State          | Zip Code  | Transaction ID : CC917FF2453D4D88B6A3   |  |  |  |  |  |  |  |  |  |
|                  | Chicago   | IL             | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.  | С              |   | 200.00  |  |  |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)   | 000            | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |
|                  | GE Healthcare   |                | CAN Service Leader                                |   |  |  |  |  |  |  |  |  |  |
|                  | Receipt For:  | Anareaste      | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
|                  | Primary General   | Aggregate      |   |   |  |  |  |  |  |  |  |  |  |
|                  | Other (specify) V   | L              | 2400.00   | 1   |  |  |  |  |  |  |  |  |  |
| с.               | Full Name of Individual (Last, First, Middle Init<br>EI-Demerdash, Mohamed, , ,   | ial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |                |   | 10 20 2023  |  |  |  |  |  |  |  |  |  |
|                  | City  | State          | Zip Code  | Transaction ID : 7050B5FA4698472CB0E7   |  |  |  |  |  |  |  |  |  |
|                  | Chicago   | IL             | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.  | С              |   | 200.00  |  |  |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare  |                | upation (for Individual)<br>AN Service Leader     | Memo Item   |  |  |  |  |  |  |  |  |  |
|                  | Receipt For:  | I              |   |   |  |  |  |  |  |  |  |  |  |
|                  | Primary General<br>Other (specify)  | Aygregate      | Year-to-Date ▼<br>2400.00                         | 1   |  |  |  |  |  |  |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)  |                |   | 600.00  |  |  |  |  |  |  |  |  |  |

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|          |  |                  |          | each category of the ailed Summary Page         |                 | 11a             |       | -   | 11b<br>14 |     | 11c<br>15 |       | 12<br>16 | 17      |
|----------|--|------------------|----------|---|-----------------|-----------------|-------|-----|-----------|-----|-----------|-------|----------|---------|
|          | formation copied from such Reports and St commercial purposes, other than using the                                  |                  |          |   |                 | or the          |       | rpo | ose o     |     | oliciting |       | ntribu   | tions   |
| <u> </u> | ME OF COMMITTEE (In Full)  |                  |          |   |                 |                 |       |     |           |     |           |       |          |         |
|          | E HealthCare Technologies In   | c. PAC           |          |   |                 |                 |       |     |           |     |           |       |          |         |
| AE       | I Name of Individual (Last, First, Middle Initi<br>I-Demerdash, Mohamed, , ,<br>iling Address 500 West Monroe Street | ial) or Full Org |          | ation Name                                      | Date of Receipt |                 |       |     |           |     |           |       |          |         |
|          | y<br>nicago  | IL               |          | p Code<br>60661                                 | -               |                 |       |     |           |     |           |       |          | J31B812 |
|          | licago   |                  |          | 00001   |                 | Amoui           | nt of | fΕ  | ach I     | Re  | ceipt th  | nis F | eriod    |         |
|          | C ID number of contributing<br>leral political committee.  | С                | 200.00   |   |                 |                 |       |     |           |     |           |       |          |         |
| Na       | me of Employer (for Individual)  | Occup            | pation   | (for Individual)                                |                 | Ν               | /lemo | 0   | ltem      |     |           |       |          |         |
| GE       | Healthcare   | USCA             | AN Se    | ervice Leader                                   |                 |                 |       |     |           |     |           |       |          |         |
| Re       | ceipt For:   | Aggregate Y      | /ear-to  | o-Date ▼  |                 |                 |       |     |           |     |           |       |          |         |
|          | Primary General  |                  |          |   |                 |                 |       |     |           |     |           |       |          |         |
|          | Other (specify) ▼  |                  | <u> </u> | 2400.00   |                 |                 |       |     |           |     |           |       |          |         |
|          | I Name of Individual (Last, First, Middle Initi<br>I-Demerdash, Mohamed, , ,   | ial) or Full Org | ganiza   | ation Name                                      |                 | Date o          | of Re | ec  | eipt      |     |           |       |          |         |
| Ma       | Mailing Address 500 West Monroe Street   |                  |          |   |                 |                 |       |     | D<br>15   |     | / Y       |       | )23<br>) | Y       |
| Cit      | у  | State            | Zi       | p Code  |                 | Tran            | sact  | tio | n ID :    | : в | D8E5B     | 3714  | 55642    | 272ADDE |
| Ch       | licago   | IL               | 6        | 60661   |                 | Amoui           | nt of | fΕ  | ach I     | Re  | ceipt th  | nis F | eriod    |         |
|          | C ID number of contributing<br>leral political committee.  | С                |          |   |                 | -,              |       |     | -9        |     | 200.      | 00    |          |         |
|          | me of Employer (for Individual)<br>Healthcare  |                  | •        | (for Individual)<br>ervice Leader               |                 | N               | /lemo | 0   | ltem      |     |           |       |          |         |
| Re       | ceipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y      | /ear-to  | D-Date ▼<br>2400.00                             |                 |                 |       |     |           |     |           |       |          |         |
|          | I Name of Individual (Last, First, Middle Initi<br>pane-Osuala, Abigail, , ,   | ial) or Full Orç | ganiza   | ation Name                                      |                 | Date o          | of Re | ec  | eipt      |     |           |       |          |         |
| Ma       | iling Address 500 West Monroe Street   |                  |          |   |                 | <sup>™</sup> 07 | VI /  | /   | 28        |     | / Y       |       | )23      | Y       |
| Cit      | -  | State            |          | p Code  |                 | Tran            | sact  | tic | n ID      | : C | F9195     | 64A   | 29247    | 68B3CE  |
| Cł       | nicago   | IL               | 6        | 60661   | /               | Amou            | nt of | fΕ  | ach I     | Re  | ceipt th  | nis F | eriod    |         |
|          | C ID number of contributing<br>eral political committee.   | С                |          |   |                 | _:              |       | ,   |           |     | y         |       | 200.     |         |
|          | me of Employer (for Individual)<br>Healthcare  |                  | •        | (for Individual)<br>sity Equity & Inclusion Off |                 | ľ               | Nem   | 0   | ltem      |     |           |       |          |         |
| Re       | ceipt For:<br>Primary General<br>Other (specify)   | Aggregate Y      | /ear-to  | o-Date ▼<br>1800.00                             |                 |                 |       |     |           |     |           |       |          |         |
| SUB      | TOTAL of Receipts This Page (optional)   |                  |          |   |                 |                 |       | ,   |           |     | y         |       | 600.     | 00      |

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

#### SCHEDULE A (FEC Form 3X) D DECEIDTO 84175

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| TTEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
|--|--|---|
|  | s and Statements may not be sold or used by any pe<br>sing the name and address of any political committee |   |
| NAME OF COMMITTEE (In Full)  |  |   |
| GE HealthCare Technolog  | ies Inc. PAC   |   |
| Full Name of Individual (Last, First, Mi<br><b>A.</b> Epane-Osuala, Abigail, , , | · · ·  | Date of Receipt   |
| Mailing Address 500 West Monroe Stre   |  | 08 / D D / Y Y Y Y<br>2023  |
| City   | State Zip Code   | Transaction ID : D8C168453F084A12AAC9   |
| Chicago  | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C  | 200.00  |
| Name of Employer (for Individual)  | Occupation (for Individual)  | Memo Item   |
| GE Healthcare  | Chief Diversity Equity & Inclusion Off   |   |
| Receipt For:   | Aggregate Year-to-Date ▼   | _   |
| Primary General  |  |   |
| Other (specify)  | 1800.00  |   |
| Full Name of Individual (Last, First, Mi<br>B. Epane-Osuala, Abigail, , ,        | ddle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe Stre   | et   | M M / D D / Y Y Y Y<br>09 22 2023   |
| City   | State Zip Code   | Transaction ID : 5C039909DC0C4D58811B   |
| Chicago  | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C  | 200.00  |
| Name of Employer (for Individual)  | Occupation (for Individual)  | Memo Item   |
| GE Healthcare  | Chief Diversity Equity & Inclusion Off   | _   |
| Receipt For:   | Aggregate Year-to-Date ▼   | _   |
| Primary General  |  |   |
| Other (specify) <b>v</b>   | 1800.00  |   |
| Full Name of Individual (Last, First, Mi<br>C. Epane-Osuala, Abigail, , ,        | ddle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe Stre   |  | 10 / D D / Y Y Y Y<br>2023  |
| City   | State Zip Code   | Transaction ID : EFF2AA5BC8924CADB95  |
| Chicago  | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                       | C  | 200.00  |
| Name of Employer (for Individual)<br>GE Healthcare                               | Occupation (for Individual)<br>Chief Diversity Equity & Inclusion Off                                      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                               | Aggregate Year-to-Date ▼<br>1800.00  |   |
| SUBTOTAL of Receipts This Page (option   | onal)  | 600.00  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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|    | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page               | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|----|---|-----------------|---|---|--|--|--|--|--|--|--|--|--|
|    | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)   |                 |   |   |  |  |  |  |  |  |  |  |  |
|    | GE HealthCare Technologies Ir   | nc. PAC         |   |   |  |  |  |  |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Ini<br>Epane-Osuala, Abigail, , ,                | tial) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 500 West Monroe Street  |                 |   | 11 17 2023  |  |  |  |  |  |  |  |  |  |
|    | City  | State           | Zip Code  | Transaction ID : 89A27544BBA143268103   |  |  |  |  |  |  |  |  |  |
|    | Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                    | С               |   | 200.00  |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>ef Diversity Equity & Inclusion Off | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | Receipt For:  |                 | Year-to-Date ▼  | —   |  |  |  |  |  |  |  |  |  |
|    | Primary General   | Ayyreyale       |   |   |  |  |  |  |  |  |  |  |  |
|    | Other (specify)   | L               | 1800.00   |   |  |  |  |  |  |  |  |  |  |
| В. | Full Name of Individual (Last, First, Middle Ini<br>Epane-Osuala, Abigail, , ,                | tial) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 500 West Monroe Street  |                 |   | 12 15 2023  |  |  |  |  |  |  |  |  |  |
|    | City  | State           | Zip Code  | Transaction ID : 85B1D2464F074C9F969E   |  |  |  |  |  |  |  |  |  |
|    | Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                    | С               |   | 200.00  |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)   |                 | upation (for Individual)<br>of Diversity Equity & Inclusion Off | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | GE Healthcare Receipt For:  |                 |   |   |  |  |  |  |  |  |  |  |  |
|    | Primary General   | Aggregate       | Year-to-Date ▼  |   |  |  |  |  |  |  |  |  |  |
|    | Other (specify) V   |                 | 1800.00   |   |  |  |  |  |  |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Ini<br>Farr, Cassandra, A, ,                     | tial) or Full C | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|    | Mailing Address 500 West Monroe Street  |                 |   | 07 28 2023  |  |  |  |  |  |  |  |  |  |
|    | City  | State           | Zip Code  | Transaction ID : 0BDBB2AA582140638A42   |  |  |  |  |  |  |  |  |  |
|    | Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                    | С               |   | 58.00   |  |  |  |  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>cutive, National Accounts & GPOs    | Memo Item   |  |  |  |  |  |  |  |  |  |
|    | Receipt For:  | Aggregate       | Year-to-Date ▼  | -   |  |  |  |  |  |  |  |  |  |
|    | Primary General<br>Other (specify)  | ]               |   |   |  |  |  |  |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                 |   | 458.00  |  |  |  |  |  |  |  |  |  |

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

# SCHEDULE A (FEC Form 3X) DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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|  | -                                | Use separate schedule(s)                                      | (check only one)                                    |                |            |          |          |  |  |  |  |  |
|--|----------------------------------|---|---|----------------|------------|----------|----------|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page             | X 11a   | 11b            | 11c        | 12       | <u> </u> |  |  |  |  |  |
|  |                                  | ay not be sold or used by any pe                              |   |                |            |          |          |  |  |  |  |  |
|  |                                  | ddress of any political committee                             | to solicit cor                                      | itributions fr | om such    | committe | <i>.</i> |  |  |  |  |  |
| NAME OF COMMITTEE (In F                                      | ,                                |   |   |                |            |          |          |  |  |  |  |  |
| /  |                                  |   | 1   |                |            |          |          |  |  |  |  |  |
| Full Name of Individual (Last, Farr, Cassandra, A, ,         | First, Middle Initial) or Full O | organization Name   | Date of Receipt                                     |                |            |          |          |  |  |  |  |  |
| Mailing Address 500 West Mo                                  | onroe Street                     |   | 08 25 2023<br>Transaction ID : 4DBC389F78344421AF8F |                |            |          |          |  |  |  |  |  |
| City   | State<br>IL                      | Zip Code  |   |                |            |          |          |  |  |  |  |  |
| Chicago  |                                  | 60661   | Amount  | of Each Re     | eceipt thi | s Period |          |  |  |  |  |  |
| FEC ID number of contributin<br>federal political committee. | g C                              |   |   |                | - 19-      | 58.0     | 0        |  |  |  |  |  |
| Name of Employer (for Individ<br>GE Healthcare               | <i>'</i>                         | upation (for Individual)<br>cutive, National Accounts & GPOs  |   | emo Item       |            |          |          |  |  |  |  |  |
| Receipt For:   | Aggregate                        | Year-to-Date ▼  |   |                |            |          |          |  |  |  |  |  |
| Primary Gener<br>Other (specify) ▼                           |                                  | 696.00  |   |                |            |          |          |  |  |  |  |  |
| Full Name of Individual (Last,<br>B. Farr, Cassandra, A, ,   | First, Middle Initial) or Full O | organization Name   | Data of   | Receipt        |            |          |          |  |  |  |  |  |
| Mailing Address 500 West Mc                                  | nroe Street                      |   |   |                | / Y        | YY       | Y        |  |  |  |  |  |
|  |                                  |   | 09  | 22             |            | 2023     |          |  |  |  |  |  |
| City<br>Chicago  | State<br>IL                      | Zip Code<br>60661   |   | action ID : 3  |            |          | D43BAD   |  |  |  |  |  |
| FEC ID number of contributin federal political committee.    | g C                              |   |   | -              |            | 58.0     | 0        |  |  |  |  |  |
| Name of Employer (for Indivi<br>GE Healthcare                | ,                                | upation (for Individual)<br>ecutive, National Accounts & GPOs |   | emo Item       |            |          |          |  |  |  |  |  |
| Receipt For:<br>Primary Gener<br>Other (specify) ▼           |                                  | Year-to-Date ▼<br>696.00                                      |   |                |            |          |          |  |  |  |  |  |
| Full Name of Individual (Last,<br>C. Farr, Cassandra, A, ,   | First, Middle Initial) or Full C | organization Name   | Date of   | Receipt        |            |          |          |  |  |  |  |  |
| Mailing Address 500 West Mo                                  | onroe Street                     |   | 10 <sup>M</sup>                                     | / D D<br>20    | / Y        | 2023     | Y        |  |  |  |  |  |
| City<br>Chicago  | State<br>IL                      | Zip Code<br>60661   |   | action ID : 4  |            |          | :FD875A  |  |  |  |  |  |
| FEC ID number of contributin federal political committee.    | g                                |   |   | ,              | , y        | 58.0     | 0        |  |  |  |  |  |
| Name of Employer (for Individ<br>GE Healthcare               | ,                                | upation (for Individual)<br>cutive, National Accounts & GPOs  |   | emo Item       |            |          |          |  |  |  |  |  |
| Receipt For:<br>Primary Gener<br>Other (specify)             |                                  | Year-to-Date ▼<br>696.00                                      |   |                |            |          |          |  |  |  |  |  |
| SUBTOTAL of Receipts This P                                  | age (optional)                   | ····· •   |   | - y -          |            | 174.0    | 0        |  |  |  |  |  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

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|  |                    | Use separate schedule(s)                          | (check only one)            |            |  |  |  |  |  |  |  |
|--|--------------------|---|-----------------------------|------------|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page | X 11a 11b 11c               |            |  |  |  |  |  |  |  |
| Any information copied from such Reports and                                   |                    |   |                             |            |  |  |  |  |  |  |  |
| or for commercial purposes, other than using                                   | the name and a     | duress of any political committee                 |                             | committee. |  |  |  |  |  |  |  |
|  |                    |   |                             |            |  |  |  |  |  |  |  |
| GE HealthCare Technologies   | Inc. PAC           |   |                             |            |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle                                   | Initial) or Full C | rganization Name                                  |                             |            |  |  |  |  |  |  |  |
| A. Farr, Cassandra, A, ,   |                    |   | Date of Receipt             |            |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   | 11 17 2023                  |            |  |  |  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : 5504C321   |            |  |  |  |  |  |  |  |
| Chicago  | IL                 | 60661   | Amount of Each Receipt this |            |  |  |  |  |  |  |  |
| FEC ID number of contributing  | 0                  |   |                             | 58.00      |  |  |  |  |  |  |  |
| federal political committee.   | C                  |   |                             | 56.00      |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item                   |            |  |  |  |  |  |  |  |
| GE Healthcare  | Exe                | cutive, National Accounts & GPC                   | 3                           |            |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                             |                             |            |  |  |  |  |  |  |  |
| Primary General  |                    | 00, 202   |                             |            |  |  |  |  |  |  |  |
| Other (specify)  |                    | 696.00  |                             |            |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle                                   | Initial) or Full C | rganization Name                                  |                             |            |  |  |  |  |  |  |  |
| B. Farr, Cassandra, A, ,   |                    |   |                             |            |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   | M M / D D / Y               | Y Y Y      |  |  |  |  |  |  |  |
| City   | State              | Zip Code  | 12 15                       | 2023       |  |  |  |  |  |  |  |
| Chicago  | IL                 | 60661   | Amount of Each Receipt this |            |  |  |  |  |  |  |  |
|  |                    |   |                             | T enou     |  |  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.                  | С                  |   |                             | 58.00      |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item                   |            |  |  |  |  |  |  |  |
| GE Healthcare  | Exe                | ecutive, National Accounts & GPC                  | S                           |            |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                             |                             |            |  |  |  |  |  |  |  |
| Primary General  |                    | 696.00  |                             |            |  |  |  |  |  |  |  |
| Other (specify)  |                    | ,   |                             |            |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Fenstermaker, Jeffrey, R, , | Initial) or Full C | organization Name                                 | Date of Receipt             |            |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   | · ·                         | YYYY       |  |  |  |  |  |  |  |
|  |                    |   | 11 17                       | 2023       |  |  |  |  |  |  |  |
| City   | State              | Zip Code  | Transaction ID : CA9F629    |            |  |  |  |  |  |  |  |
| Chicago  | IL                 | 60661   | Amount of Each Receipt this | Period     |  |  |  |  |  |  |  |
| FEC ID number of contributing  | С                  |   |                             | 20.00      |  |  |  |  |  |  |  |
| federal political committee.   | -                  |   |                             |            |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                          | Memo Item                   |            |  |  |  |  |  |  |  |
| GE Healthcare  | Prin               | cipal Engineer, Siting and Install                |                             |            |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date 🔻                                    |                             |            |  |  |  |  |  |  |  |
| Primary General  |                    | 235.00  |                             |            |  |  |  |  |  |  |  |
| Other (specify)  |                    |   |                             |            |  |  |  |  |  |  |  |
| <b></b>  |                    |   |                             |            |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                      |                    |   |                             | 136.00     |  |  |  |  |  |  |  |
|  |                    |   |                             | _          |  |  |  |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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#### SCHEDULE A (FEC Form 3X) D DECEIDTO 84175

Use separate schedule(s)

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(check only one)

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| TIEMIZED RECEIPTS   |                            | for each category of the<br>Detailed Summary Page         | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|---|----------------------------|---|---|--|--|--|--|--|--|--|--|--|
|   |                            |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                            |   |   |  |  |  |  |  |  |  |  |  |
| GE HealthCare Technolo  | gies Inc. PAC              |   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>A. Fenstermaker, Jeffrey, R, , |                            | ganization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe S   | 1                          |   |   |  |  |  |  |  |  |  |  |  |
| City  | State                      | Zip Code<br>60661   | Transaction ID : 0D343DE73C8D40D7AE5  |  |  |  |  |  |  |  |  |  |
| Chicago   |                            | 00001   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                | C                          |   | 20.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occu                       | pation (for Individual)                                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| GE Healthcare   |                            | ipal Engineer, Siting and Install                         |   |  |  |  |  |  |  |  |  |  |
| Receipt For:  |                            | ′ear-to-Date ▼  | -   |  |  |  |  |  |  |  |  |  |
| Primary General   | Aggregate                  |   |   |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼   |                            | 235.00  | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>B. Gascon, Anthony, R, ,       | Middle Initial) or Full Or | ganization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe St  | reet                       |   | 11 17 2023  |  |  |  |  |  |  |  |  |  |
| City  | State                      | Zip Code  | Transaction ID : EFDDAE366599437887D1   |  |  |  |  |  |  |  |  |  |
| Chicago   | IL                         | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                | С                          |   | 20.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occu                       | pation (for Individual)                                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| GE Healthcare   |                            | MICT/ISS Milwaukee Operations                             | S   |  |  |  |  |  |  |  |  |  |
| Receipt For:  |                            | ′ear-to-Date ▼  |   |  |  |  |  |  |  |  |  |  |
| Primary General   | Aggregate                  |   |   |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼   |                            | 240.00  | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>Gascon, Anthony, R, ,          | Middle Initial) or Full Or | ganization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe S   | reet                       |   | 12 15 2023  |  |  |  |  |  |  |  |  |  |
| City  | State                      | Zip Code  | Transaction ID : EB30734BAF0A4DC08C6  |  |  |  |  |  |  |  |  |  |
| Chicago   | IL                         | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                | C                          |   | 20.00   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                        |                            | oation (for Individual)<br>/IICT/ISS Milwaukee Operations | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Accrecate \                | 'ear-to-Date ▼  |   |  |  |  |  |  |  |  |  |  |
| Other (specify)   |                            | 240.00  | ]   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (op  | tional)                    |   | 60.00   |  |  |  |  |  |  |  |  |  |

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

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#### SCHEDULE A (FEC Form 3X) D DECEIDTO 84175

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |
|---|--|---|
|   | and Statements may not be sold or used by any<br>ng the name and address of any political committe | person for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)   |  |   |
| GE HealthCare Technologie   | es Inc. PAC  |   |
| Full Name of Individual (Last, First, Mido<br><b>A.</b> Gilbreath, Rachel, D, , | · · · · · · · · · · · · · · · · · · ·  | Date of Receipt   |
| Mailing Address 500 West Monroe Street  |  | 07 / D D / Y Y Y Y Y<br>28 2023   |
| City  | State Zip Code   | Transaction ID : A1F9C71756A44410A1C  |
| Chicago   | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                      | C  | 208.00  |
| Name of Employer (for Individual)   | Occupation (for Individual)  | Memo Item   |
| GE Healthcare   | North East Region President  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General   | Aggregate Year-to-Date V   | _   |
| Other (specify)   | 2080.00  |   |
| Full Name of Individual (Last, First, Mido<br>B. Gilbreath, Rachel, D, ,        | dle Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 500 West Monroe Street  | t  | 08 25 2023  |
| City  | State Zip Code   | Transaction ID : DE93A10FCF7444F0928  |
| Chicago   | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                      | С  | 208.00  |
| Name of Employer (for Individual)   | Occupation (for Individual)  | Memo Item   |
| GE Healthcare   | North East Region President  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General   | Aygregale Teal-10-Dale +   | _   |
| Other (specify)   | 2080.00  |   |
| Full Name of Individual (Last, First, Mido<br>C. Gilbreath, Rachel, D, ,        | dle Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 500 West Monroe Street  | t  | M M / D D / Y Y Y Y<br>09 22 2023   |
| City  | State Zip Code   | Transaction ID : C7A6F78B359649949A0  |
| Chicago   | IL 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                      | C  | 208.00  |
| Name of Employer (for Individual)<br>GE Healthcare                              | Occupation (for Individual)<br>North East Region President   | Memo Item   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General<br>Other (specify)  | 2080.00  |   |
| SUBTOTAL of Receipts This Page (option  | al)  | 624.00  |

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|                | EMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page   |      | 11a                                |       | 11b     | 11c           | 12        | 17      |  |  |  |  |
|----------------|---|------------------|---|------|------------------------------------|-------|---------|---------------|-----------|---------|--|--|--|--|
|                | y information copied from such Reports and S<br>for commercial purposes, other than using the |                  |   |      | for the                            |       | rpose c | of soliciting | g contrib | utions  |  |  |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |                  |   |      |                                    |       |         |               |           |         |  |  |  |  |
| $\rangle$      | GE HealthCare Technologies Ir   | nc. PAC          |   |      |                                    |       |         |               |           |         |  |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Ini<br>Gilbreath, Rachel, D, ,                   | tial) or Full Or | Date of Receipt                                     |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Mailing Address 500 West Monroe Street  |                  |   |      | 10 / D d / Y Y Y Y<br>2023         |       |         |               |           |         |  |  |  |  |
|                | City  | State            | Zip Code  |      | Tran                               | sac   | tion ID | : 3096FC      | A64CF04   | 47E49BD |  |  |  |  |
|                | Chicago   | IL               | 60661   |      | Amount of Each Receipt this Period |       |         |               |           |         |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                    | С                |   |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Name of Employer (for Individual)   | Occu             | pation (for Individual)                             |      | N                                  | 1em   | o Item  |               |           |         |  |  |  |  |
|                | GE Healthcare   | Nort             | h East Region President                             |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Receipt For:  | Angregate        | Year-to-Date ▼                                      |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Primary General   | riggroguto       |   | -    |                                    |       |         |               |           |         |  |  |  |  |
|                | Other (specify)   |                  | 2080.00   |      |                                    |       |         |               |           |         |  |  |  |  |
| в.             | Full Name of Individual (Last, First, Middle Ini Gilbreath, Rachel, D, ,                      | tial) or Full Or | rganization Name                                    |      | Date c                             | of R  | eceipt  |               |           |         |  |  |  |  |
|                | Mailing Address 500 West Monroe Street  |                  | M N   | 7    | 1                                  |       | 2023    | Y             |           |         |  |  |  |  |
|                | City  | State            | Zip Code  |      | Tran                               | sact  | tion ID | : 8B472B      | B872204   | BA4B41  |  |  |  |  |
|                | Chicago   | IL               | 60661   |      |                                    |       |         | Receipt th    |           |         |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                    | С                |   |      |                                    |       |         | -             | 208       | .00     |  |  |  |  |
|                | Name of Employer (for Individual)   | Occi             | upation (for Individual)                            |      | Memo Item                          |       |         |               |           |         |  |  |  |  |
|                | GE Healthcare   |                  | h East Region President                             |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Receipt For:  | Aggregate        | Year-to-Date ▼                                      |      |                                    |       |         |               |           |         |  |  |  |  |
|                | Primary General   | Aggregate        |   | - 1. |                                    |       |         |               |           |         |  |  |  |  |
|                | Other (specify)   |                  | 2080.00   |      |                                    |       |         |               |           |         |  |  |  |  |
| с.             | Full Name of Individual (Last, First, Middle Ini<br>Gilbreath, Rachel, D, ,                   | tial) or Full Or | rganization Name                                    |      | Date c                             | of R  | eceipt  |               |           |         |  |  |  |  |
|                | Mailing Address 500 West Monroe Street  |                  |   |      | <sup>M</sup> 12                    | 1     | / D 1   |               | 2023      | Y       |  |  |  |  |
|                | City  | State            | Zip Code  |      | Tran                               | sac   | tion ID | : 03344F      | AE7D814   | 13369CB |  |  |  |  |
|                | Chicago   | IL               | 60661   |      | Amour                              | nt of | Each    | Receipt tl    | nis Perio |         |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                    | С                |   |      |                                    |       | y       | ,             | 208       | .00     |  |  |  |  |
|                | Name of Employer (for Individual)<br>GE Healthcare  |                  | ipation (for Individual)<br>n East Region President |      | N                                  | /lem  | o Item  |               |           |         |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate        | Year-to-Date ▼<br>2080.00                           | ]    |                                    |       |         |               |           |         |  |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |                  |   |      |                                    |       | ,       | 5             | 624       | .00     |  |  |  |  |

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| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page                    |  | 1a<br>3                   |      | 11b<br>14 | 11c                           |           | г        | 17    |  |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than usi |                        |  | erson for  | the p                     | purp | ose of    | solicitin                     | g conti   | ributic  | ons   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  | ng the name and a      |  | 10 00110   |                           |      |           |                               | 0011      |          |       |  |  |  |  |  |
| GE HealthCare Technologi   | es Inc. PAC            |  |  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>A. Goyette, Mark, J, ,                    | dle Initial) or Full O | Organization Name  | Da   | ite of                    | Red  | ceipt     |                               |           |          |       |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | et                     |  | N  | 07 / 28 / Y Y Y Y<br>2023 |      |           |                               |           |          |       |  |  |  |  |  |
| City<br>Chicago  | State<br>IL            | Zip Code<br>60661  | Transaction ID : 14D653D68F4441C7A83E       Amount of Each Receipt this Period       58.00 |                           |      |           |                               |           |          |       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                      |  |  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                     |                        | upation (for Individual)<br>hitoring Solutions Supply Chain Le       | ac   | Me                        | emo  | ltem      |                               |           |          |       |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>696.00   |  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Goyette, Mark, J, ,                    | dle Initial) or Full O | Organization Name  | Da   | ite of                    | Red  | ceipt     |                               |           |          |       |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | t                      |  | M  | 08 <sup>™</sup>           | /    | D 25      |                               | y<br>2023 | ү ү<br>3 |       |  |  |  |  |  |
| City<br>Chicago  | State<br>IL            | Zip Code<br>60661  | Transaction ID : A4A3DE966E           Amount of Each Receipt this Period                   |                           |      |           |                               |           |          | P8BE3 |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                      |  |  |                           |      | ,         |                               |           | 58.00    | )     |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                     |                        | Occupation (for Individual)<br>Monitoring Solutions Supply Chain Lea |  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                   | Aggregate              | Year-to-Date ▼<br>696.00   | ]  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Goyette, Mark, J, ,                    | dle Initial) or Full O | Organization Name  | Da   | ite of                    | Red  | ceipt     |                               |           |          |       |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | et                     |  | N  | 09 <sup>M</sup>           | /    | D 22      |                               | 2023      |          | ]     |  |  |  |  |  |
| City<br>Chicago  | State<br>IL            | Zip Code<br>60661  |  |                           |      |           | : <b>655775</b><br>Receipt tl |           |          | A871F |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С                      |  |  |                           |      | ,         | y                             |           | 58.00    | )     |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                     |                        | upation (for Individual)<br>itoring Solutions Supply Chain Lea       | ad   | Me                        | emo  | ltem      |                               |           |          |       |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                     | Aggregate              | Year-to-Date ▼<br>696.00   |  |                           |      |           |                               |           |          |       |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option   | nal)                   | •••••  |  |                           |      | ,         | 9                             | 1         | 74.00    | )     |  |  |  |  |  |

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| ITEMIZED RECEIPTS   |                    | Use separate schedule(s)                                     | (C       | (check only one) |        |              |                  |                   |         |  |  |  |
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| or for commercial purposes, other than using                        | the name and a     | address of any political commit                              | tee to s | solicit cor      | ntribu | itions fi    | rom such         | n committ         | ee.     |  |  |  |
|   |                    |  |          |                  |        |              |                  |                   |         |  |  |  |
| GE HealthCare Technologies  | Inc. PAC           |  |          |                  |        |              |                  |                   |         |  |  |  |
| Full Name of Individual (Last, First, Middle                        | Initial) or Full C | Drganization Name  |          |                  |        |              |                  |                   |         |  |  |  |
| A. Goyette, Mark, J, ,  |                    |  |          | Date of          | Rec    | ceipt        |                  |                   |         |  |  |  |
| Mailing Address 500 West Monroe Street                              |                    |  |          | 10 20 2023       |        |              |                  |                   |         |  |  |  |
| City  | State              | Zip Code   |          | Trans            | actio  | on ID :      | D72F2D           | F5E97C4           | 2FB88C3 |  |  |  |
| Chicago   | IL                 | 60661  |          | Amount           | t of E | Each R       | eceipt th        | is Period         |         |  |  |  |
| FEC ID number of contributing federal political committee.          | С                  |  |          |                  |        | 7            | - 7              | 58.0              | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                    | cupation (for Individual)<br>nitoring Solutions Supply Chain | Leac     | M                | emo    | ltem         |                  |                   |         |  |  |  |
| Receipt For:  | Aggregate          | Year-to-Date ▼   |          |                  |        |              |                  |                   |         |  |  |  |
| Primary General   |                    | 696.00   |          |                  |        |              |                  |                   |         |  |  |  |
| Other (specify) <b>v</b>  |                    |  |          |                  |        |              |                  |                   |         |  |  |  |
| Full Name of Individual (Last, First, Middle B. Goyette, Mark, J, , | Initial) or Full C | Drganization Name  |          | Date of          | Rec    | ceipt        |                  |                   |         |  |  |  |
| Mailing Address 500 West Monroe Street                              |                    |  |          |                  |        |              | / Y              | 2023              | Y       |  |  |  |
| City  | State              | Zip Code   |          | Trans            | actic  | on ID : 9    | 9F6D895          | 2555A45           | 8CA839  |  |  |  |
| Chicago   | IL                 | 60661  |          | Amount           | t of E | Each R       | eceipt th        | is Period         |         |  |  |  |
| FEC ID number of contributing federal political committee.          | С                  |  |          | <u> </u>         |        | ,            | -                | 58.0              | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                    | cupation (for Individual)<br>nitoring Solutions Supply Chain | Lea      | M                | emo    | ltem         |                  |                   |         |  |  |  |
| Receipt For:  | Aggregate          | e Year-to-Date ▼   |          |                  |        |              |                  |                   |         |  |  |  |
| Other (specify) ▼   |                    | 696.00   |          |                  |        |              |                  |                   |         |  |  |  |
| Full Name of Individual (Last, First, Middle C. Goyette, Mark, J, , | Initial) or Full C | Drganization Name  |          | Date of          | Rec    | ceipt        |                  |                   |         |  |  |  |
| Mailing Address 500 West Monroe Street                              |                    |  |          | 12 <sup>M</sup>  | 1      | D 15         | / Y              | 2023              | Y       |  |  |  |
| City  | State              | Zip Code   |          | Trans            | actio  | on ID :      | 08DB8F           | 0091CF4           | 34EB5B1 |  |  |  |
| Chicago   | IL                 | 60661  |          | Amount           | t of E | Each R       | eceipt th        | is Period         |         |  |  |  |
| FEC ID number of contributing federal political committee.          | С                  |  |          |                  |        | ,            | 9                | 58.0              | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                    | cupation (for Individual)<br>nitoring Solutions Supply Chain | Lead     | M                | emo    | ltem         |                  |                   |         |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                  | Aggregate          | e Year-to-Date ▼<br>696.00                                   |          |                  |        |              |                  |                   |         |  |  |  |
| SUBTOTAL of Receipts This Page (optional).                          |                    |  | •        |                  |        | 7            | ,                | 174.(             | 00      |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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|                  | EMIZED RECEIPTS   |           | for each category of the<br>Detailed Summary Page               |                 | < 11a                                 |       | 11b           | 11c              |        | 12             |        |  |  |  |  |
| Ar               | y information copied from such Reports and State                                  | ments ma  | ay not be sold or used by any pe                                | rson            | 13<br>for the                         | purp  | 14<br>Dose of | 15<br>soliciting | g con  | 16<br>tributio | 0ns    |  |  |  |  |
| or               | for commercial purposes, other than using the nar                                 | ne and a  | address of any political committee                              | to so           | olicit cor                            | ntrib | utions f      | rom suc          | h con  | nmitte         | e.     |  |  |  |  |
| $\backslash$     | NAME OF COMMITTEE (In Full)   |           |   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
| $\backslash$     | GE HealthCare Technologies Inc.   | PAC       |   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Full Name of Individual (Last, First, Middle Initial)                             | or Full O | Organization Name   |                 | Data of                               | De    |               |                  |        |                |        |  |  |  |  |
| Α.               | Greenwell, Shari, Eileen, ,<br>Mailing Address 500 West Monroe Street             |           |   | _               | Date of Receipt                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Walking Address 500 West Monroe Street  |           |   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | City  | State     | Zip Code  |                 | Transaction ID : CF27171724F6439E888F |       |               |                  |        |                |        |  |  |  |  |
|                  | Chicago   | IL        | 60661   | _               | Amount of Each Receipt this Period    |       |               |                  |        |                |        |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                        | C         |   | 20.00 Memo Item |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Name of Employer (for Individual)   | Occ       | upation (for Individual)  |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | GE Healthcare   | Mar       | rket General Manager, Patient Care                              | •               |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Receipt For:  | ggregate  | Year-to-Date V  |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Primary General   | 230.00    |   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Other (specify)   |           | 230.00  |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
| R                | Full Name of Individual (Last, First, Middle Initial) Greenwell, Shari, Eileen, , | or Full O | Organization Name   |                 | Date of                               | Re    | ceint         |                  |        |                |        |  |  |  |  |
| υ.               | Mailing Address 500 West Monroe Street  |           |   |                 | 12 <sup>M</sup>                       | /     | 15            | / Y              | 202    | 23             | Y      |  |  |  |  |
|                  | City  | State     | Zip Code  |                 | Trans                                 | acti  | on ID ·       | 90B6F7           | 6B2F   | A4464          | 4C8BD5 |  |  |  |  |
|                  | Chicago   | IL        | 60661   |                 |                                       |       |               | eceipt th        |        |                |        |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                        | C         |   |                 | <u> </u>                              |       |               |                  |        | 20.0           | 0      |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare                                |           | cupation (for Individual)<br>rket General Manager, Patient Care | e               | Me                                    | emo   | Item          |                  |        |                |        |  |  |  |  |
|                  |   | ggregate  | Year-to-Date 🔻  |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Primary     General       Other (specify) ▼                                       |           | , 230.00  |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
|                  | Full Name of Individual (Last, First, Middle Initial)                             | or Full O | Organization Name   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
| C.               | Gurney, Laila, , ,  |           |   | _               | Date of                               | Re    |               |                  |        |                |        |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |           |   |                 | 07 <sup>M</sup>                       | 1     | D D 28        | / Y              | 202    | 23             | Y      |  |  |  |  |
|                  | City  | State     | Zip Code  |                 | Trans                                 | acti  | ion ID :      | 55D754           | 27AE   | 50419          | 96B1E3 |  |  |  |  |
|                  | Chicago   | IL        | 60661   |                 | Amount                                | of    | Each R        | eceipt th        | nis Pe | eriod          |        |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                        | C         |   |                 |                                       |       | y .           | ,                |        | 416.0          | 0      |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare                                |           | upation (for Individual)<br>ef Quality & Regulatory Officer     |                 | Me                                    | emo   | tem           |                  |        |                |        |  |  |  |  |
|                  | Receipt For:     A       Primary     General       Other (specify)                |           |   |                 |                                       |       |               |                  |        |                |        |  |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)  |           | ►   |                 |                                       |       | ,             | . ,              |        | 456.00         | 0      |  |  |  |  |

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| ITEMIZED RECEIPTS   |                   | Use separate schedule(s)                                      | (cł    | neck only       | y one  | e)       |            |             |         |  |  |  |
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|   |                   | for each category of the<br>Detailed Summary Page             |        | X 11a           |        | 11b      | 11c        | 12          | 17      |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                   | address of any political committe                             | 0 10 3 |                 | TUTIOC |          |            | iii commu   |         |  |  |  |
| GE HealthCare Technologies  | Inc. PAC          |   |        |                 |        |          |            |             |         |  |  |  |
| Full Name of Individual (Last, First, Middle II<br>A. Gurney, Laila, , ,                        | nitial) or Full C | Drganization Name   |        | Date of         | Rec    | ceipt    |            |             |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |        | 08 25 2023      |        |          |            |             |         |  |  |  |
| City  | State             | Zip Code  |        | Trans           | actio  |          | 5F67F54    | 18FA5643    | B4B41D  |  |  |  |
| Chicago   | IL                | 60661   |        |                 |        |          |            | nis Period  |         |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   |        |                 |        | ,        |            | 416.        | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | cupation (for Individual)<br>ef Quality & Regulatory Officer  |        | Me              | emo    | Item     |            |             |         |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date V  |        |                 |        |          |            |             |         |  |  |  |
| Primary General<br>Other (specify) ▼  |                   | 4160.00   | 1      |                 |        |          |            |             |         |  |  |  |
| Full Name of Individual (Last, First, Middle II<br>B. Gurney, Laila, , ,                        | nitial) or Full C | Drganization Name   |        | Date of         | Rec    | ceipt    |            |             |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |        | м м<br>09       | 1      | D D D 22 | / Y        | 2023        | Y       |  |  |  |
| City  | State             | Zip Code  |        | Trans           | actic  | on ID :  | 112B978    | 3AA98547    | 2F9340  |  |  |  |
| Chicago   | IL                | 60661   |        | Amount          | ofE    | Each R   | eceipt th  | nis Period  |         |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   |        |                 |        | y        |            | 416.        | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | cupation (for Individual)<br>ief Quality & Regulatory Officer |        | Me              | emo    | Item     |            |             |         |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>4160.00                                     | ]      |                 |        |          |            |             |         |  |  |  |
| Full Name of Individual (Last, First, Middle In<br>C. Gurney, Laila, , ,                        | nitial) or Full C | Drganization Name   |        | Date of         | Rec    | ceipt    |            |             |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |        | <sup>M</sup> 10 | /      | D D D 20 | / Y        | y y<br>2023 | Y       |  |  |  |
| City  | State             | Zip Code  |        |                 |        |          |            | EAEF244/    | AE8B843 |  |  |  |
| Chicago   | IL                | 60661   |        | Amount          | ofE    | Each R   | eceipt th  | nis Period  |         |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |   |        |                 |        | ,        | ,<br>,     | 416.        | 00      |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | cupation (for Individual)<br>ef Quality & Regulatory Officer  |        | M               | emo    | ltem     |            |             |         |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>4160.00                                     |        |                 |        |          |            |             |         |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                   |   |        |                 |        | 9        | , ,        | 1248.       | 00      |  |  |  |

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|-----------------------|---|---------------|---|---|--------|--|------|-----------------------|------------------------|-------------|-------|-------|--|--|--|--|
| 11                    |   |               | for each category of the<br>Detailed Summary Page |   |        | X 11a  |      | 11b                   | 11c                    | 12          |       | 47    |  |  |  |  |
|                       | y information copied from such Reports and St for commercial purposes, other than using the |               |   |   |        |  |      |                       |                        |             |       |       |  |  |  |  |
|                       | NAME OF COMMITTEE (In Full)   | name anu a    | auur  | ess of any political committee                        | , iu s |  |      | JULIONS               | HOITI SUC              | n comm      | nuee. |       |  |  |  |  |
| $\left \right\rangle$ | GE HealthCare Technologies In   | c. PAC        |   |   |        |  |      |                       |                        |             |       |       |  |  |  |  |
| /                     | Full Name of Individual (Last, First, Middle Initi  |               | )rac  | nization Name   |        |  |      |                       |                        |             |       |       |  |  |  |  |
| Α.                    | Gurney, Laila, , ,  |               | луа   |   |        | Date of  | f Re | eceipt                |                        |             |       |       |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |               |   |   |        |  |      | M M / D D / Y Y Y Y Y |                        |             |       |       |  |  |  |  |
|                       | <u></u>   | Ctoto         |   | Zin Codo  | _      | 11   | Ι,   | 17                    |                        | 2023        |       |       |  |  |  |  |
|                       | City<br>Chicago   | State<br>IL   |   | Zip Code<br>60661                                     |        |  |      |                       | : A2ED24<br>Receipt th |             |       | 39C5A |  |  |  |  |
|                       | FEC ID number of contributing   |               | -   |   |        | Amoun  |      | Lacini                |                        |             |       | -     |  |  |  |  |
|                       | federal political committee.  | С             | -   |   |        | <u> </u>   | -    | - <b>1</b>            |                        | 41          | 6.00  | _     |  |  |  |  |
|                       | Name of Employer (for Individual)   | Occ           | upa   | tion (for Individual)                                 |        | Μ  | emo  | b Item                |                        |             |       |       |  |  |  |  |
|                       | GE Healthcare   | Chie          | ef Q  | uality & Regulatory Officer                           |        |  |      |                       |                        |             |       |       |  |  |  |  |
|                       | Receipt For:<br>Primary General   | Aggregate     | Yea   | ar-to-Date 🔻  |        |  |      |                       |                        |             |       |       |  |  |  |  |
|                       | Other (specify) V   |               |   | 4160.00   |        |  |      |                       |                        |             |       |       |  |  |  |  |
|                       |   |               | -   | 4 4   |        |  |      |                       |                        |             |       |       |  |  |  |  |
| _                     | Full Name of Individual (Last, First, Middle Initi  | al) or Full C | Drga  | nization Name   |        | _  |      |                       |                        |             |       |       |  |  |  |  |
| В.                    | Gurney, Laila, , ,  |               |   |   | _      | Date of  | f Re | · .                   | _                      |             |       | _     |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |               |   |   |        | <sup>M</sup> 12  | 1    | 15                    |                        | 2023        | Y     | 1     |  |  |  |  |
|                       | City  | State         |   | Zip Code  |        | Trans  | act  | ion ID :              | 74AC39                 | D286E2      | 4DA   | BA417 |  |  |  |  |
|                       | Chicago   | IL            |   | 60661   |        |  |      |                       | Receipt th             |             |       |       |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                  | С             |   |   |        |  |      |                       |                        | 41          | 6.00  |       |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |               | •   | tion (for Individual)<br>Quality & Regulatory Officer |        | М  | emo  | o Item                |                        |             |       |       |  |  |  |  |
|                       | Receipt For:  | Aggregate     | Yea   | ar-to-Date 🔻  |        |  |      |                       |                        |             |       |       |  |  |  |  |
|                       | Primary General   |               |   | 4160.00   | 11     |  |      |                       |                        |             |       |       |  |  |  |  |
|                       | Other (specify)   |               | ,   | 4100.00   |        |  |      |                       |                        |             |       |       |  |  |  |  |
| С.                    | Full Name of Individual (Last, First, Middle Initi<br>Halstrom, Danielle, , ,               | al) or Full C | Drga  | nization Name   |        | Date of  | f Re | eceipt                |                        |             |       |       |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |               |   |   |        | м м<br>07  |      | 28                    |                        | y y<br>2023 | Y     | 1     |  |  |  |  |
|                       | City  | State         |   | Zip Code  |        | and the second sec | act  | - Andrewski -         | 2A26D1                 |             | 441F  | 9196  |  |  |  |  |
|                       | Chicago   | IL            |   | 60661   |        | Amoun  | t of | Each I                | Receipt th             | nis Peric   | d     |       |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                  | С             |   |   |        |  |      | y .                   | · · ·                  | 20          | 8.00  |       |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |               |   | tion (for Individual)                                 |        | М  | em   | o Item                |                        |             |       |       |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea   | ar-to-Date ▼<br>2496.00                               |        |  |      |                       |                        |             |       |       |  |  |  |  |
| ⊢                     | UBTOTAL of Receipts This Page (optional)  |               |   | •   | •<br>- |  |      | , .<br>               | · · ·                  | 1040        | 0.00  |       |  |  |  |  |

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|  |                        | for each category of the<br>Detailed Summary Page    | X         11a         11b         11c         12           13         14         15         16         17 |
|--|------------------------|--|---|
|  |                        |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |
| NAME OF COMMITTEE (In Full)  |                        |  |   |
| GE HealthCare Technologi   | es Inc. PAC            |  |   |
| Full Name of Individual (Last, First, Mide<br>A. Halstrom, Danielle, , , | -                      | rganization Name                                     | Date of Receipt   |
| Mailing Address 500 West Monroe Stree                                    |                        |  | 08 / D D / Y Y Y Y<br>25 2023   |
| City   | State                  | Zip Code   | Transaction ID : 42B0AB43192047CDBB23   |
| Chicago  | IL                     | 60661  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | C                      |  | 208.00  |
| Name of Employer (for Individual)  | Occi                   | upation (for Individual)                             | Memo Item   |
| GE Healthcare  | Chie                   | of Communications Officer                            | _   |
| Receipt For:   | Aggregate              | Year-to-Date ▼                                       |   |
| Primary General  | Aggregate              |  |   |
| Other (specify)  |                        | 2496.00  |   |
|  |                        |  | ,   |
| Full Name of Individual (Last, First, Mide<br>B. Halstrom, Danielle, , , | dle Initial) or Full O | rganization Name                                     | Date of Receipt   |
| Mailing Address 500 West Monroe Stree                                    | t                      |  | M M / D D / Y Y Y Y<br>09 22 2023   |
| City   | State                  | Zip Code   | Transaction ID : 9E1D9CE4B12B4BD7A62  |
| Chicago  | IL                     | 60661  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | С                      |  | 208.00  |
| Name of Employer (for Individual)  | Occ                    | upation (for Individual)                             | Memo Item   |
| GE Healthcare  | Chie                   | ef Communications Officer                            |   |
| Receipt For:   | Aggregate              | Year-to-Date ▼                                       |   |
| Primary General  | 7.99.09uto             |  | 1   |
| Other (specify) ▼  |                        | 2496.00  | ]   |
| Full Name of Individual (Last, First, Mide<br>C. Halstrom, Danielle, , , | dle Initial) or Full O | rganization Name                                     | Date of Receipt   |
| Mailing Address 500 West Monroe Stree                                    | t                      |  | 10 20 2023  |
| City   | State                  | Zip Code   | Transaction ID : 25DF2866B3A24427B5C5   |
| Chicago  | IL                     | 60661  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.               | С                      |  | 208.00  |
|  |                        |  |   |
| Name of Employer (for Individual)<br>GE Healthcare                       |                        | upation (for Individual)<br>f Communications Officer | Memo Item   |
| Receipt For:   | Aggregate              | Year-to-Date ▼                                       | 1   |
| Other (specify)  |                        | 2496.00  | 1   |
| SUBTOTAL of Receipts This Page (option                                   | nal)                   | ••••••   | 624.00  |

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

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| ITEMIZED RECEIPTS                         | -                       | Use separate schedule(s)                          | (check onl      | y one)         |            |                 |        |
|---|-------------------------|---|-----------------|----------------|------------|-----------------|--------|
|   |                         | for each category of the<br>Detailed Summary Page | X 11a           | 11b            | 11c        | 12              |        |
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| or for commercial purposes, other than us |                         |   |                 |                |            |                 |        |
| NAME OF COMMITTEE (In Full)               |                         |   |                 |                |            |                 |        |
| GE HealthCare Technolog                   | ies Inc. PAC            |   |                 |                |            |                 |        |
| Full Name of Individual (Last, First, Mid | ddle Initial) or Full C | rganization Name                                  | _               |                |            |                 |        |
| A. Halstrom, Danielle, , ,                |                         |   | Date o          | f Receipt      |            |                 |        |
| Mailing Address 500 West Monroe Stre      | et                      |   | M M<br>11       | / D D<br>17    |            | y y<br>2023     | Y      |
| City                                      | State                   | Zip Code  | Trans           | action ID : 4  | 55C6FC8    | 27824B          | 878B0A |
| Chicago                                   | IL                      | 60661   | Amoun           | t of Each Re   | ceipt this | Period          |        |
| FEC ID number of contributing             | С                       |   |                 |                |            | 208.0           | 0      |
| federal political committee.              | 0                       |   |                 |                |            |                 | _      |
| Name of Employer (for Individual)         | Occ                     | upation (for Individual)                          | M               | emo Item       |            |                 |        |
| GE Healthcare                             | Chi                     | ef Communications Officer                         |                 |                |            |                 |        |
| Receipt For:                              | Aggregate               | Year-to-Date <b>V</b>                             |                 |                |            |                 |        |
| Primary General<br>Other (specify) ▼      |                         | 2496.00   | 1               |                |            |                 |        |
|   |                         | 4   |                 |                |            |                 |        |
| Full Name of Individual (Last, First, Mic | ddle Initial) or Full C | rganization Name                                  |                 |                |            |                 |        |
| B. Halstrom, Danielle, , ,                |                         |   |                 | f Receipt      |            |                 |        |
| Mailing Address 500 West Monroe Stre      | et                      |   | 12 <sup>M</sup> | / D D<br>15    |            | 2023            | Y      |
| City                                      | State                   | Zip Code  | Trans           | action ID : 5  | F3350BE    | 57F34F7         | 7942D8 |
| Chicago                                   | IL                      | 60661   |                 | t of Each Re   |            |                 |        |
| FEC ID number of contributing             | С                       |   |                 |                |            | 208.0           | 0      |
| federal political committee.              | C                       |   |                 | yr             |            | 208.0           | 0      |
| Name of Employer (for Individual)         | Occ                     | upation (for Individual)                          | М               | emo Item       |            |                 |        |
| GE Healthcare                             | Chi                     | ef Communications Officer                         |                 |                |            |                 |        |
| Receipt For:                              | Aggregate               | Year-to-Date 🔻                                    |                 |                |            |                 |        |
| Primary General                           |                         | 2496.00   | 1               |                |            |                 |        |
| Other (specify) <b>v</b>                  |                         | ,           |                 |                |            |                 |        |
| Full Name of Individual (Last, First, Mid | ddle Initial) or Full C | rganization Name                                  |                 |                |            |                 |        |
| C. Hannon, Pamela, A, ,                   |                         |   | Date of         | f Receipt      |            |                 |        |
| Mailing Address 500 West Monroe Stre      | et                      |   | 07              | / D D<br>28    |            | 2023            | Y      |
| City                                      | State                   | Zip Code  | Trans           | saction ID : 4 | D9AA75E    | 043E49          | 8A929E |
| Chicago                                   | IL                      | 60661   | Amoun           | t of Each Re   | ceipt this | Period          |        |
| FEC ID number of contributing             | С                       |   |                 |                |            | 58.0            | 0      |
| federal political committee.              | U                       |   |                 |                | y          | 00.0            | •      |
| Name of Employer (for Individual)         | Occ                     | upation (for Individual)                          | M               | emo Item       |            |                 |        |
| GE Healthcare                             | Exe                     | cutive - Retirement & Healthcare                  | _e              |                |            |                 |        |
| Receipt For:                              | Aggregate               | Year-to-Date <b>V</b>                             |                 |                |            |                 |        |
| Primary General                           |                         | 696.00  | 1               |                |            |                 |        |
| Other (specify)                           |                         |   |                 |                |            |                 |        |
|   | L                       |   |                 |                |            |                 | _      |
| SUBTOTAL of Receipts This Page (optic     | nal)                    |   |                 |                |            | 474.0           | 0      |
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| 11               | EMIZED RECEIPTS   |                |          | each category of the tailed Summary Page          | X   | 11a<br>13                          |       | 11b<br>14       | 11c        | 12<br>16                              | 17       |  |  |  |  |  |  |  |
|------------------|---|----------------|----------|---|-----|------------------------------------|-------|-----------------|------------|---------------------------------------|----------|--|--|--|--|--|--|--|
|                  | ny information copied from such Reports and S for commercial purposes, other than using the |                |          |   |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| $\left[ \right]$ | NAME OF COMMITTEE (In Full)   |                |          |   |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| $\rangle$        | GE HealthCare Technologies In   | ic. PAC        |          |   |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| A.               | Hannon, Pamela, A, ,  |                |          |   |     |                                    |       | Date of Receipt |            |                                       |          |  |  |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |                |          |   |     | <sup>M</sup> 08                    |       | 25              |            | 2023                                  | _        |  |  |  |  |  |  |  |
|                  | City  | State          |          | ip Code   |     | Tran                               | sact  | ion ID :        | E1ED9E     | 368A9F64                              | 445785B0 |  |  |  |  |  |  |  |
|                  | Chicago   | IL             |          | 60661   | _ / | Amour                              | nt of | Each F          | Receipt tl | his Period                            | Ł        |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                  | С              |          |   |     |                                    |       | -               |            | 58                                    | .00      |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)   | Occi           | upatio   | n (for Individual)                                |     | Ν                                  | lemc  | b Item          |            |                                       |          |  |  |  |  |  |  |  |
|                  | GE Healthcare   | Exe            | cutive   | - Retirement & Healthcare L                       | e   |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Receipt For:  | Aggregate      | Year-t   | o-Date ▼  |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Primary General   | .99.094.0      |          |   |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Other (specify) <b>v</b>  |                | -y 1     | 696.00  |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| В.               | Full Name of Individual (Last, First, Middle Init<br>Hannon, Pamela, A, ,                   | ial) or Full O | rganiz   | ation Name  | [   | Date d                             | of Re | eceipt          |            |                                       |          |  |  |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |                |          | M 09  | /   | 22                                 |       | 2023            | Y          |                                       |          |  |  |  |  |  |  |  |
|                  | City  | State Zip Code |          |   |     |                                    |       |                 |            | Transaction ID : 308D5BE938984F1DB596 |          |  |  |  |  |  |  |  |
|                  | Chicago   | IL             |          | 60661   | A   | Amount of Each Receipt this Period |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                  | С              |          |   |     |                                    | 58.00 |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare  |                | •        | n (for Individual)<br>- Retirement & Healthcare L | f   | N                                  | 1emc  | b Item          |            |                                       |          |  |  |  |  |  |  |  |
|                  | Receipt For:  | _              |          |   | _   |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Primary General   | Aggregate      | Year-t   | o-Date V  |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
|                  | Other (specify) ▼   |                | <b>,</b> | 696.00  |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| с.               | Full Name of Individual (Last, First, Middle Init<br>Hannon, Pamela, A, ,                   | ial) or Full O | rganiz   | ation Name  |     | Date d                             | of Re | eceipt          |            |                                       |          |  |  |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street  |                |          |   |     | <sup>™</sup> 10                    | /     | 20              |            | 2023                                  | Y        |  |  |  |  |  |  |  |
|                  | City  | State          | Z        | ip Code   |     | Tran                               | sact  | ion ID          | : 1FD5B8   | 3A7A011                               | 45CEA948 |  |  |  |  |  |  |  |
|                  | Chicago   | IL             |          | 60661   | A   | Amour                              | nt of | Each F          | Receipt tl | his Period                            | t        |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                  | С              |          |   |     | _                                  |       | y .             | , ,        | 58                                    | .00      |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare  |                | •        | n (for Individual)<br>- Retirement & Healthcare L | е   | N                                  | /lemo | o Item          |            |                                       |          |  |  |  |  |  |  |  |
|                  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-t   | o-Date ▼<br>696.00                                |     |                                    |       |                 |            |                                       |          |  |  |  |  |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)  |                |          | •   | _   |                                    |       | , .             | 9          | 174                                   | .00      |  |  |  |  |  |  |  |

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# SCHEDULE A (FEC Form 3X) DECEIDTO

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| IT.                    |  |                |           | separate schedule(s)                          | (ch  | neck only  | / on  | e)        |           |              |             |
|------------------------|--|----------------|-----------|---|------|--|-------|-----------|-----------|--------------|-------------|
| 11                     | EMIZED RECEIPTS  |                |           | ach category of the<br>iled Summary Page      |      | <b>X</b> 11a   |       | 11b       | 11c       | 12           | <u>□</u> ,- |
|                        | y information copied from such Reports and St                              |                |           |   |      |  |       |           |           |              |             |
| or                     | for commercial purposes, other than using the                              | name and a     | lddress   | of any political committee                    | to s | olicit con   | itrib | utions fi | rom such  | n committ    | ee.         |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |                |           |   |      |  |       |           |           |              |             |
|                        | GE HealthCare Technologies In  | C. PAC         |           |   |      |  |       |           |           |              |             |
| ×                      | Full Name of Individual (Last, First, Middle Initiation                    | ial) or Full C | rganiza   | tion Name                                     |      |  |       |           |           |              |             |
| Α.                     | Hannon, Pamela, A, ,   |                |           |   | _    | Date of  | Re    | ceipt     |           |              |             |
|                        | Mailing Address 500 West Monroe Street                                     |                |           |   |      | м м<br>11  | 1     | 17        | / Y       | 2023         | Y           |
|                        | City   | State          | Zip       | Code  |      | la de la companya de | acti  |           | 793C2A    | <br>53015644 | 98839E      |
|                        | Chicago  | IL             | 6         | 0661  |      |  |       |           |           | is Period    |             |
|                        | FEC ID number of contributing federal political committee.                 | С              |           |   |      |  |       | 7         |           | 58.          | 00          |
|                        | Name of Employer (for Individual)<br>GE Healthcare                         |                | •         | (for Individual)<br>Retirement & Healthcare L | .e   | Me   | emo   | ltem      |           |              |             |
|                        | Receipt For:   | Aggregate      | Year-to-  | Date <b>V</b>                                 |      |  |       |           |           |              |             |
|                        | Primary General  |                |           | 696.00  |      |  |       |           |           |              |             |
|                        | Other (specify)  |                | -         | 000.00  |      |  |       |           |           |              |             |
| в.                     | Full Name of Individual (Last, First, Middle Initi<br>Hannon, Pamela, A, , | ial) or Full C | rganiza   | tion Name                                     |      | Date of  | Re    | ceipt     |           |              |             |
|                        | Mailing Address 500 West Monroe Street                                     |                |           |   |      | <sup>M</sup> 12  | /     | D D<br>15 | / Y       | 2023         | Y           |
|                        | City   | State          |           | Code  |      | Transa   | acti  | on ID : 9 | 9469750   | 422DE4A      | A790A8      |
|                        | Chicago  | IL             | 6         | 0661  | _    | Amount   | of    | Each R    | eceipt th | is Period    |             |
|                        | FEC ID number of contributing federal political committee.                 | С              |           |   |      | <u> </u>   |       | ,         | -         | 58.          | 00          |
|                        | Name of Employer (for Individual)  | Occ            | upation   | (for Individual)                              |      | Me   | emo   | Item      |           |              |             |
|                        | GE Healthcare  | Exe            | ecutive - | Retirement & Healthcare L                     | E    |  |       |           |           |              |             |
|                        | Receipt For:   | Aggregate      | Year-to-  | Date <b>V</b>                                 |      |  |       |           |           |              |             |
|                        | Other (specify) ▼  |                | <b>,</b>  | 696.00  |      |  |       |           |           |              |             |
| с.                     | Full Name of Individual (Last, First, Middle Initi<br>Hanson, Vicki, L, ,  | ial) or Full C | organizat | tion Name                                     |      | Date of  | Re    | ceipt     |           |              |             |
|                        | Mailing Address 500 West Monroe Street                                     |                |           |   |      | M M<br>11  | /     | D D<br>17 |           | 2023         |             |
|                        | City   | State          | · · ·     | Code  |      | Trans  | acti  | on ID :   | BE3EBC    | CE492114     | BD9B950     |
|                        | Chicago  | IL             | 60        | 0661  | _    | Amount   | of    | Each R    | eceipt th | is Period    |             |
|                        | FEC ID number of contributing federal political committee.                 | С              |           |   |      | <u> </u>   | _     | y         |           | 20.          | 00          |
|                        | Name of Employer (for Individual)<br>GE Healthcare                         |                | •         | (for Individual)<br>luct Manager, MR, IMG     |      | Me   | emo   | Item      |           |              |             |
|                        | Receipt For:       Primary       General                                   | Aggregate      | Year-to-  |   |      |  |       |           |           |              |             |
|                        | Other (specify)  |                | -         | 240.00  |      |  |       |           |           |              |             |
| s                      | UBTOTAL of Receipts This Page (optional)                                   |                |           |   |      |  |       | y .       | <br>      | 136.         | 00          |

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|---|--------------------|---|------------------|------------------|------------|----------|----------|--|--|--|--|
| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page         | X 11a            | 11b              | 11c        | 12       | <u> </u> |  |  |  |  |
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| or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full)   | the name and a     | iuuress or any political committe                         | e lo solicit con | IN IDULIONS TRO  | m such     | committe | ж.       |  |  |  |  |
| GE HealthCare Technologies  | Inc. PAC           |   |                  |                  |            |          |          |  |  |  |  |
| Full Name of Individual (Last, First, Middle                                  | Initial) or Full C | Organization Name   |                  |                  |            |          |          |  |  |  |  |
| A. Hanson, Vicki, L, ,  |                    |   | Date of          | Receipt          |            |          |          |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |   | M 12             | / D D 15         | / Y        | 2023     | Y        |  |  |  |  |
| City  | State              | Zip Code  | Trans            | action ID : C    | 88025D     | 9D84B45  | D787F1   |  |  |  |  |
| Chicago   | IL                 | 60661   | Amount           | of Each Re       | ceipt this | s Period |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                  |   |                  |                  | -9         | 20.0     | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                            |                    | upation (for Individual)<br>jion Product Manager, MR, IMG | Me               | emo Item         |            |          |          |  |  |  |  |
| Receipt For:  | Aggregate          | Year-to-Date 🔻  |                  |                  |            |          |          |  |  |  |  |
| Other (specify)   |                    | 240.00  | ]                |                  |            |          |          |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Heble, Christopher, Lee, , | Initial) or Full C | organization Name   | Date of          | Receipt          |            |          |          |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |   | M M<br>11        | / D D<br>17      | / Y        | 2023     | Y        |  |  |  |  |
| City  | State              | Zip Code  | Transa           | action ID : 2    | 7444AC     | F0D424E  | BC8FC4   |  |  |  |  |
| Chicago   | IL                 | 60661   | Amount           | of Each Re       | ceipt this | s Period |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                  |   |                  |                  | -g-        | 20.0     | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                            |                    | upation (for Individual)<br>Director, MI Strategy         | Me               | emo Item         |            |          |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate          | Year-to-Date ▼<br>230.00                                  | ]                |                  |            |          |          |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Heble, Christopher, Lee, , | Initial) or Full C | organization Name   | Date of          | Receipt          |            |          |          |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |   | 12               | / D D<br>15      | / Y        | 2023     | Y        |  |  |  |  |
| City  | State              | Zip Code  | Trans            | action ID : 3    | 9D0433     | FBF4841  | F1AC97   |  |  |  |  |
| Chicago   | IL                 | 60661   | Amount           | of Each Re       | ceipt this | s Period |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                  |   |                  | <b>,</b>         | 9          | 20.0     | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                            |                    | upation (for Individual)<br>Director, MI Strategy         | Me               | emo Item         |            |          |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate          | Year-to-Date ▼<br>230.00                                  | ]                |                  |            |          |          |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                     | ·                  |   |                  |                  | ,          | 60.0     | 0        |  |  |  |  |

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| or for commercial purposes, other                             | than using the name and a        | address of any political committee                       | e to solicit co | ntribution    | s from suc    | h committ         | ee.         |  |  |  |  |  |
| NAME OF COMMITTEE (In Fu                                      | ,                                |  |                 |               |               |                   |             |  |  |  |  |  |
| GE HealthCare Tech  | nologies Inc. PAC                |  |                 |               |               |                   |             |  |  |  |  |  |
| Full Name of Individual (Last, F                              | First, Middle Initial) or Full C | Organization Name  | Data            |               |               |                   |             |  |  |  |  |  |
| A. Herring, Tamara, Y., ,<br>Mailing Address 500 West Mon     |                                  |  |                 | f Receipt     |               |                   |             |  |  |  |  |  |
| Maning Address 500 West Mon                                   | roe Street                       |  | 07              | 07 28 2023    |               |                   |             |  |  |  |  |  |
| City  | State                            | Zip Code   | Trans           | action II     | ) : 450F90F   | FDD4543           | 2BB500      |  |  |  |  |  |
| Chicago   | IL                               | 60661  | Amoun           | t of Each     | Receipt th    | nis Period        |             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.    | C                                |  |                 |               |               | 58.0              | 00          |  |  |  |  |  |
| Name of Employer (for Individu                                | al) Occ                          | upation (for Individual)                                 | м               | emo Iterr     | ı             |                   |             |  |  |  |  |  |
| GE Healthcare   | Mar                              | rket Vice President - Dallas                             |                 |               |               |                   |             |  |  |  |  |  |
| Receipt For:  |                                  | Year-to-Date 🔻   |                 |               |               |                   |             |  |  |  |  |  |
| Primary General<br>Other (specify) ▼                          |                                  | 610.00   |                 |               |               |                   |             |  |  |  |  |  |
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| Full Name of Individual (Last, F<br>B. Herring, Tamara, Y., , | irst, Middle Initial) or Full C  | Organization Name  | Date o          | f Receipt     |               |                   |             |  |  |  |  |  |
| Mailing Address 500 West Mon                                  | roe Street                       |  | M M             | · ·           | D / Y         | YY                | Y           |  |  |  |  |  |
|   |                                  |  | 08              | 2             | 25            | 2023              |             |  |  |  |  |  |
| City  | State                            | Zip Code   |                 |               | ): 2406767    |                   | 31913F      |  |  |  |  |  |
| Chicago   |                                  | 60661  | Amoun           | t of Each     | Receipt th    | is Period         |             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.    | C                                |  |                 |               |               | 58.0              | 00          |  |  |  |  |  |
| Name of Employer (for Individu GE Healthcare                  | ,                                | upation (for Individual)<br>rket Vice President - Dallas | M               | emo Item      | 1             |                   |             |  |  |  |  |  |
| Receipt For:  | Aggregate                        | Year-to-Date ▼   |                 |               |               |                   |             |  |  |  |  |  |
| Primary General   |                                  |  |                 |               |               |                   |             |  |  |  |  |  |
| Other (specify) ▼   |                                  | 610.00   |                 |               |               |                   |             |  |  |  |  |  |
| Full Name of Individual (Last, F<br>C. Herring, Tamara, Y., , | First, Middle Initial) or Full C | Organization Name  | Date of         | f Receipt     |               |                   |             |  |  |  |  |  |
| Mailing Address 500 West Mon                                  | roe Street                       |  | Dute 0          | · ·           |               | YY                | Y           |  |  |  |  |  |
| 0:1.  | 04-4-                            | 7  | 09              |               | 22            | 2023              |             |  |  |  |  |  |
| City<br>Chicago   | State<br>IL                      | Zip Code<br>60661  |                 |               | D: E821BC     |                   | 57D9867     |  |  |  |  |  |
| FEC ID number of contributing federal political committee.    | С                                |  |                 |               | , noooipt u   | 58.0              | 00          |  |  |  |  |  |
| Name of Employer (for Individu<br>GE Healthcare               | ,                                | upation (for Individual)<br>ket Vice President - Dallas  | M               | emo Iten      | I             |                   |             |  |  |  |  |  |
| Receipt For:  |                                  | Year-to-Date ▼   |                 |               |               |                   |             |  |  |  |  |  |
| Other (specify)   |                                  | 610.00   |                 |               |               |                   |             |  |  |  |  |  |
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| SUBTOTAL of Receipts This Page                                | ne (optional)                    |  |                 |               |               | 174.0             | 00          |  |  |  |  |  |
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| ITEMIZED RECEIPTS   |                      | Use separate schedule(s)                                   | (check       | only                               | one)     |           |            |           |          |  |  |  |  |
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| II EIWIIZED REGEIFIJ  |                      | for each category of the<br>Detailed Summary Page          |              |                                    | 11b      | 110       |            | 12        | <u> </u> |  |  |  |  |
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| or for commercial purposes, other than usin                             | g the name and a     | address of any political committe                          | e to solicit | contr                              | ibution  | s from s  | uch cor    | mmitte    | e.       |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |  |              |                                    |          |           |            |           |          |  |  |  |  |
| GE HealthCare Technologie   | s Inc. PAC           |  |              |                                    |          |           |            |           |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd                              | e Initial) or Full C | Drganization Name  |              |                                    |          |           |            |           |          |  |  |  |  |
| A. Herring, Tamara, Y., ,   |                      |  | Dat          | Date of Receipt                    |          |           |            |           |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |  |              | M M / D D / Y Y Y Y<br>10 20 2023  |          |           |            |           |          |  |  |  |  |
| City  | State                | Zip Code   | Tr           | ansad                              |          | D : EB53  |            | 1. Alt 1. | 4DBC3    |  |  |  |  |
| Chicago   | IL                   | 60661  |              |                                    |          |           |            |           |          |  |  |  |  |
| FEC ID number of contributing federal political committee.              | C                    |  |              | Amount of Each Receipt this Period |          |           |            |           |          |  |  |  |  |
| Name of Employer (for Individual)                                       |                      | cupation (for Individual)                                  |              | Men                                | no Item  | ſ         |            |           |          |  |  |  |  |
| GE Healthcare<br>Receipt For:   |                      | rket Vice President - Dallas                               |              |                                    |          |           |            |           |          |  |  |  |  |
| Primary General   | Aggregate            | Year-to-Date ▼   | _            |                                    |          |           |            |           |          |  |  |  |  |
| Other (specify) ▼   |                      | 610.00   | ]            |                                    |          |           |            |           |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Herring, Tamara, Y., , | e Initial) or Full C | Drganization Name  | Dat          | e of F                             | Receipt  |           |            |           |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |  |              | 11 <sup>M</sup>                    |          | D /<br>17 | Y Y<br>202 | 23        | Y        |  |  |  |  |
| City  | State<br>IL          | Zip Code<br>60661  |              |                                    |          | D: AF1B   |            |           | 17BE7C   |  |  |  |  |
|   | IL                   |  | Amo          | ount c                             | or ⊢ach  | Receipt   | t this Pe  | eriod     |          |  |  |  |  |
| FEC ID number of contributing federal political committee.              | C                    |  |              |                                    | -        |           | -          | 58.0      | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |                      | cupation (for Individual)<br>Irket Vice President - Dallas |              | Men                                | no Iterr | ו         |            |           |          |  |  |  |  |
| Receipt For:  | Aggregate            | e Year-to-Date ▼   |              |                                    |          |           |            |           |          |  |  |  |  |
| Other (specify) ▼   |                      | 610.00   | ]            |                                    |          |           |            |           |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Herring, Tamara, Y., , | e Initial) or Full C | Drganization Name  | Dat          | e of F                             | Receipt  |           |            |           |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |  |              | 12 <sup>M</sup>                    |          | 15 /      | Y Y<br>202 |           | Y        |  |  |  |  |
| City  | State                | Zip Code   | T            | ansa                               | ction II | D : 729F  | 655A9F     | 034EE     | 3589EA   |  |  |  |  |
| Chicago   | IL                   | 60661  | Am           | ount c                             | of Each  | Receipt   | t this Pe  | eriod     |          |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С                    |  |              | _                                  | y        | ,         |            | 58.0      | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |                      | cupation (for Individual)<br>rket Vice President - Dallas  |              | Mer                                | no Item  | n         |            |           |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate            | e Year-to-Date ▼<br>610.00                                 |              |                                    |          |           |            |           |          |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                | l<br>l)              |  |              |                                    | y        | ,         |            | 174.00    | D        |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)                           | (ch    | neck only  | y or  | ne)   |                   |            |                |
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| or for commercial purposes, other than using                                   | the name and a     | address of any political committe                  | e to s | olicit cor | ntrib | outions   | from suc          | commi      | ttee.          |
|  |                    |  |        |            |       |   |                   |            |                |
| GE HealthCare Technologies   | Inc. PAC           |  |        |            |       |   |                   |            |                |
| Full Name of Individual (Last, First, Middle                                   | Initial) or Full C | Organization Name                                  |        |            |       |   |                   |            |                |
| A. Hill, John, C, ,  |                    |  |        | Date of    | f Re  | eceipt  |                   |            |                |
| Mailing Address 500 West Monroe Street   |                    |  |        | м м<br>07  | /     | 28  |                   | 2023       | Y              |
| City   | State              | Zip Code   |        |            | acti  | a second s |                   |            | 15029A44       |
| Chicago  | IL                 | 60661  |        |            |       |   |                   | his Period |                |
| FEC ID number of contributing federal political committee.                     | C                  |  |        |            |       | -   |                   | 220        | .00            |
| Name of Employer (for Individual)<br>GE Healthcare                             |                    | upation (for Individual)<br>Advanced Technology    |        | M          | emc   | ltem  |                   |            |                |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>                              |        |            |       |   |                   |            |                |
| Other (specify) ▼  |                    | 2640.00  | 1      |            |       |   |                   |            |                |
| Full Name of Individual (Last, First, Middle         B.       Hill, John, C, , | Initial) or Full C | Organization Name                                  |        | Date of    | f Re  | eceipt  |                   |            |                |
| Mailing Address 500 West Monroe Street   |                    |  |        | 08         | 1     | 25  |                   | 2023       | Y              |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                  |        |            |       |   |                   | A787274    | <b>E8191EF</b> |
| FEC ID number of contributing federal political committee.                     | С                  |  |        | <u> </u>   |       | -   |                   | 220        | .00            |
| Name of Employer (for Individual)<br>GE Healthcare                             |                    | cupation (for Individual)<br>, Advanced Technology |        | M          | emc   | ) Item  |                   |            |                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate          | Year-to-Date ▼<br>2640.00                          |        |            |       |   |                   |            |                |
| Full Name of Individual (Last, First, Middle<br>C. Hill, John, C, ,            | Initial) or Full C | Organization Name                                  |        | Date of    | f Re  | eceipt  |                   |            |                |
| Mailing Address 500 West Monroe Street   |                    |  |        | 09         | /     | 22  |                   | 2023       | Y              |
| City   | State              | Zip Code   |        |            |       | -   |                   | -          | 31B9EFE        |
| Chicago  | IL                 | 60661  |        | Amount     | t of  | Each I  | Receipt t         | his Period | b              |
| FEC ID number of contributing federal political committee.                     | С                  |  |        | Ę.         |       | y   | 9                 | 220        | .00            |
| Name of Employer (for Individual)<br>GE Healthcare                             |                    | upation (for Individual)<br>Advanced Technology    |        | M          | emo   | ) Item  |                   |            |                |
| Receipt For:<br>Primary General<br>Other (specify)                             | Aggregate          | Year-to-Date ▼<br>2640.00                          |        |            |       |   |                   |            |                |
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| or for commercial purposes, other than using                        | the name and a           | iddress of any political committee                | e to solicit cor | ntributions tr | rom sucr  | 1 committe  | ee.    |  |  |  |
|   |                          |   |                  |                |           |             |        |  |  |  |
| GE HealthCare Technologies  | Inc. PAC                 |   |                  |                |           |             |        |  |  |  |
| Full Name of Individual (Last, First, Middle                        | Initial) or Full C       | Organization Name                                 |                  |                |           |             |        |  |  |  |
| A. Hill, John, C, ,   |                          |   | Date of          | Receipt        |           |             |        |  |  |  |
| Mailing Address 500 West Monroe Street                              |                          |   | 10               | / D D<br>20    | / Y       | 2023        | Y      |  |  |  |
| City  | State                    | Zip Code  |                  | action ID :    | 54490CF   |             | EC9F20 |  |  |  |
| Chicago   | IL                       | 60661   |                  | of Each R      |           |             |        |  |  |  |
| FEC ID number of contributing federal political committee.          | C                        |   |                  |                |           | 220.0       | 00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                          | upation (for Individual)<br>Advanced Technology   | M                | emo Item       |           |             |        |  |  |  |
| Receipt For:  | Aggregate                | Year-to-Date ▼                                    |                  |                |           |             |        |  |  |  |
| Other (specify)   |                          | 2640.00   | 1                |                |           |             |        |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Hill, John, C, , | Initial) or Full C       | organization Name                                 | Date of          | Receipt        |           |             |        |  |  |  |
| Mailing Address 500 West Monroe Street                              |                          |   | M M<br>11        | / D D<br>17    | / Y       | y y<br>2023 | Y      |  |  |  |
| City<br>Chicago   | State<br>IL              | Zip Code<br>60661                                 |                  | action ID : '  |           |             | A7A37B |  |  |  |
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| FEC ID number of contributing federal political committee.          | C                        |   |                  |                |           | 220.0       | 00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                          | upation (for Individual)<br>Advanced Technology   | M                | emo Item       |           |             |        |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate                | Year-to-Date ▼<br>2640.00                         | 1                |                |           |             |        |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Hill, John, C, , | Initial) or Full C       | organization Name                                 | Date of          | Receipt        |           |             |        |  |  |  |
| Mailing Address 500 West Monroe Street                              |                          |   | M M 12           | / D D<br>15    | / Y       | 2023        | Y      |  |  |  |
| City  | State                    | Zip Code  |                  | action ID :    |           |             | C38AC0 |  |  |  |
| Chicago   | IL                       | 60661   | Amount           | of Each R      | eceipt th | is Period   |        |  |  |  |
| FEC ID number of contributing federal political committee.          | C                        |   |                  |                | 9         | 220.0       | 00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                          | upation (for Individual)<br>Advanced Technology   |                  | emo Item       |           |             |        |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                  | Aggregate                | Year-to-Date ▼<br>2640.00                         | ]                |                |           |             |        |  |  |  |
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|  | 3                                     | for each category of the<br>Detailed Summary Page | X 11a           | 11b              | ┥ ┝━┥         | 12              | 17        |  |  |  |  |
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| \  |                                       | address of any political committee                | e to solicit co | ntributions from | m such cor    | nmittee         | Э.        |  |  |  |  |
|  | ,                                     |   |                 |                  |               |                 |           |  |  |  |  |
| GE HealthCare I  | echnologies Inc. PAC                  |   |                 |                  |               |                 |           |  |  |  |  |
| Full Name of Individual (La<br>A. Holevas, Tracey, B., ,   | ast, First, Middle Initial) or Full C | Drganization Name                                 | Date o          | f Receipt        |               |                 |           |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         |   |                 |                  |               |                 |           |  |  |  |  |
|  | 1                                     |   | 07              | 28               |               | 23              |           |  |  |  |  |
| City   | State                                 | Zip Code<br>60661                                 |                 | saction ID : F   |               |                 | 59196     |  |  |  |  |
| Chicago  |                                       |   | Amoun           | t of Each Rec    | ceipt this P  | eriod           |           |  |  |  |  |
| FEC ID number of contribution federal political committee. | ŝ.                                    |   |                 |                  |               | 75.00           | )         |  |  |  |  |
| Name of Employer (for Inc                                  | dividual) Occ                         | cupation (for Individual)                         | М               | lemo Item        |               |                 |           |  |  |  |  |
| GE Healthcare  | VP                                    | - Clinical Research Operations                    |                 |                  |               |                 |           |  |  |  |  |
| Receipt For:   |                                       | Year-to-Date V                                    |                 |                  |               |                 |           |  |  |  |  |
|  | neral                                 | 675.00  |                 |                  |               |                 |           |  |  |  |  |
| Other (specify) <b>v</b>                                   |                                       |   |                 |                  |               |                 |           |  |  |  |  |
|  | ast, First, Middle Initial) or Full C | Drganization Name                                 |                 |                  |               |                 |           |  |  |  |  |
| B. Holevas, Tracey, B., ,                                  |                                       |   |                 | f Receipt        |               |                 |           |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         |   | M M<br>08       | / D D<br>25      | / Y Y 202     | ү ү<br>23       | 1         |  |  |  |  |
| City   | State                                 | Zip Code  | Trans           | action ID : A2   |               |                 | BA9765    |  |  |  |  |
| Chicago  | IL                                    | 60661   |                 | t of Each Rec    |               |                 |           |  |  |  |  |
| FEC ID number of contribution federal political committee. | ŝ.                                    |   |                 |                  |               | 75.00           | )         |  |  |  |  |
| Name of Employer (for Inc                                  | dividual) Occ                         | cupation (for Individual)                         | м               | lemo Item        |               |                 |           |  |  |  |  |
| GE Healthcare  | VP                                    | - Clinical Research Operations                    |                 |                  |               |                 |           |  |  |  |  |
| Receipt For:   |                                       | Year-to-Date <b>V</b>                             |                 |                  |               |                 |           |  |  |  |  |
|  | neral                                 | 675.00  |                 |                  |               |                 |           |  |  |  |  |
| Other (specify) <b>v</b>                                   |                                       | ,           |                 |                  |               |                 |           |  |  |  |  |
| Full Name of Individual (La<br>C. Holevas, Tracey, B.,     | ast, First, Middle Initial) or Full C | Drganization Name                                 | Date o          | f Receipt        |               |                 |           |  |  |  |  |
| Mailing Address 500 West                                   | Monroe Street                         |   | 09              | / D D<br>22      | / Y Y 20      | 23              | 7         |  |  |  |  |
| City   | State                                 | Zip Code  | Trans           | saction ID : 22  | 2B14A4803     | DC4E            | 05841E    |  |  |  |  |
| Chicago  | IL IL                                 | 60661   | Amoun           | t of Each Rec    | ceipt this P  | eriod           |           |  |  |  |  |
| FEC ID number of contribu                                  | ŝ.                                    |   |                 |                  |               | 75.00           | )         |  |  |  |  |
| federal political committee.                               | U                                     |   |                 | <u> </u>         | y 1           | . 5.00          |           |  |  |  |  |
| Name of Employer (for Inc                                  | lividual) Occ                         | cupation (for Individual)                         | M               | lemo Item        |               |                 |           |  |  |  |  |
| GE Healthcare  | VP                                    | - Clinical Research Operations                    |                 |                  |               |                 |           |  |  |  |  |
| Receipt For:   |                                       | Year-to-Date <b>V</b>                             |                 |                  |               |                 |           |  |  |  |  |
| Primary Ge<br>Other (specify)                              | neral                                 | 675.00  |                 |                  |               |                 |           |  |  |  |  |
|  |                                       | 45 45 46  |                 |                  |               |                 |           |  |  |  |  |
| SUBTOTAL of Receipts This                                  | s Page (optional)                     | ••••••  |                 |                  | 9             | 225.00          | )         |  |  |  |  |
|  |                                       |   |                 |                  |               |                 |           |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

Use separate schedule(s)

FOR LINE NUMBER:

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| TEMIZED RECEIPTS  |   | tor each category of the<br>Detailed Summary Page                |  |  |      | 11b     | 11c             | 12          | 17      |  |  |  |  |  |  |  |
|---|---|--|--|--|------|---------|-----------------|-------------|---------|--|--|--|--|--|--|--|
| Any information copied from such Reports<br>or for commercial purposes, other than u                          |   |  |  |  |      | rpose c | of soliciting   | g contribu  | utions  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |  |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| GE HealthCare Technolog   | jies Inc. PAC   |  |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Holevas, Tracey, B., ,<br>Mailing Address 500 West Monroe Stre | · · · · · · · · · · · · · · · · · · ·   | iitial) or Full Organization Name                                |  |  |      |         | Date of Receipt |             |         |  |  |  |  |  |  |  |
| City  | State   | Zip Code   |  | Transaction ID : 8CBFF8520C4B40DB9B  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Chicago   | IL  | 60661  |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   |  | Amount of Each Receipt this Period 75.00 |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ   | upation (for Individual)   |  | M  | lem  | o Item  |                 |             |         |  |  |  |  |  |  |  |
| GE Healthcare   | VP  | - Clinical Research Operations                                   |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>675.00   | ]  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Holevas, Tracey, B., , |  |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |   |  |  |  |      | eceipt  |                 | y y<br>2023 | Y       |  |  |  |  |  |  |  |
| City  | State   | Zip Code   |  | 11     17     2023       Transaction ID : C5AA31851FE14EB5/       Amount of Each Receipt this Period |      |         |                 |             |         |  |  |  |  |  |  |  |
| Chicago   | IL  | 60661  | A  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   |  |  |  |      |         |                 |             | .00     |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |   | upation (for Individual)<br>- Clinical Research Operations       |  | Memo Item  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>675.00   | ]  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Holevas, Tracey, B., ,   | ddle Initial) or Full C   | rganization Name   |  | Date o   | fR   | eceipt  |                 |             |         |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stre  | eet   |  |  | <sup>M</sup> 12  | 1    | / D 1:  |                 | 2023        | Y       |  |  |  |  |  |  |  |
| City  | State   | Zip Code   |  | Trans  | sac  | tion ID | : 3E5E91        | 3E02AD      | 4390A3D |  |  |  |  |  |  |  |
| Chicago   | IL  | 60661  | 4  | Amoun  | t of | f Each  | Receipt th      | nis Period  | b       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C   |  |  |  |      | y 1     | 9               |             | .00     |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |   | Occupation (for Individual)<br>VP - Clinical Research Operations |  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>675.00   | ]  |  |      |         |                 |             |         |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic   | )<br>onal)  |  |  |  |      | 9       |                 | 225         | .00     |  |  |  |  |  |  |  |

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#### SCHEDULE A (FEC Form 3X) DEACIDT ľ

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   | Use separate schedule(s)           |          |  | (check only one) |                 |       |           |           |             |         |  |  |
|-------------------|---|------------------------------------|----------|--|------------------|-----------------|-------|-----------|-----------|-------------|---------|--|--|
| 116               |   |                                    |          | or each category of the<br>Detailed Summary Page     |                  | <b>X</b> 11a    |       | 11b       | 11c       | 12          |         |  |  |
|                   | / information copied from such Reports and S  |                                    |          |  |                  |                 |       |           |           |             |         |  |  |
| <u> </u>          | for commercial purposes, other than using the   | name and a                         | addre    | ss of any political committee                        | to s             | olicit cor      | ntrib | utions f  | rom sucl  | n committ   | ee.     |  |  |
|                   | NAME OF COMMITTEE (In Full)   |                                    |          |  |                  |                 |       |           |           |             |         |  |  |
|                   | GE HealthCare Technologies Ir   | nc. PAC                            |          |  |                  |                 |       |           |           |             |         |  |  |
| -                 | Full Name of Individual (Last, First, Middle Init                                     | tial) or Full C                    | Drgan    | ization Name   |                  |                 | _     |           |           |             |         |  |  |
| A.                | Holmes, Clay, Allen, ,  |                                    |          |  |                  | Date of         | Re    | ceipt     | _         |             |         |  |  |
| I                 | Mailing Address 500 West Monroe Street  |                                    |          |  | 11 17 2023       |                 |       |           |           |             |         |  |  |
| (                 | City  | State                              |          | Zip Code   |                  | Trans           | acti  | on ID :   | 7E9F84    | 512EF34B    | 7A8422  |  |  |
| -                 | Chicago   | IL                                 |          | 60661  | _                | Amount          | of    | Each R    | eceipt th | is Period   |         |  |  |
|                   | FEC ID number of contributing<br>federal political committee.                         | С                                  |          |  |                  |                 |       | -         |           | 20.         | 00      |  |  |
|                   | Name of Employer (for Individual)<br>GE Healthcare                                    |                                    | •        | on (for Individual)<br>g Director                    |                  | Me              | emo   | Item      |           |             |         |  |  |
| Ī                 | Receipt For:  | Aggregate                          | Yea      | r-to-Date ▼  |                  |                 |       |           |           |             |         |  |  |
|                   | Primary General   |                                    | 240.00   |  |                  |                 |       |           |           |             |         |  |  |
|                   | Other (specify)   |                                    | 7        | 240.00   |                  |                 |       |           |           |             |         |  |  |
|                   | Full Name of Individual (Last, First, Middle Init<br>Holmes, Clay, Allen, ,           | tial) or Full C                    | Drgan    | ization Name   |                  | Date of         | Re    | ceipt     |           |             |         |  |  |
| _                 | Mailing Address 500 West Monroe Street  |                                    |          |  |                  | <sup>M</sup> 12 | 1     | D D<br>15 | / Y       | y y<br>2023 | Y       |  |  |
|                   | City<br>Chicago   | State<br>IL                        |          | Zip Code<br>60661                                    |                  |                 |       |           |           | D666B84[    | 085A03A |  |  |
| -                 | -   |                                    | -        | 00001  |                  | Amount          | OT    | Each R    | eceipt tr | is Period   | _       |  |  |
|                   | FEC ID number of contributing federal political committee.                            | C                                  | 20.00    |  |                  |                 |       |           | 00        |             |         |  |  |
| (                 | Name of Employer (for Individual)<br>GE Healthcare                                    |                                    |          | on (for Individual)<br>ng Director                   |                  | Me              | emo   | Item      |           |             |         |  |  |
| F                 | Receipt For:  | Aggregate                          | Yea      | r-to-Date ▼  |                  |                 |       |           |           |             |         |  |  |
|                   | Primary     General       Other (specify) ▼   |                                    | <b>,</b> | , 240.00   |                  |                 |       |           |           |             |         |  |  |
|                   | Full Name of Individual (Last, First, Middle Init<br>Huntley, Christopher, Raymond, , | tial) or Full C                    | Drgan    | ization Name   |                  | Date of         | Re    | ceipt     |           |             |         |  |  |
| ſ                 | Mailing Address 500 West Monroe Street  |                                    |          |  |                  | M M<br>11       | 1     | D D D 17  | / Y       | 2023        | Y       |  |  |
|                   | City  | State                              |          | Zip Code   |                  | Trans           | act   | ion ID :  | A1CF33    | D148794     | -3C9034 |  |  |
| -                 | Chicago   | IL                                 |          | 60661  |                  | Amount          | of    | Each R    | eceipt th | is Period   |         |  |  |
|                   | FEC ID number of contributing federal political committee.                            | С                                  |          |  |                  | <u> </u>        | _     | ,         | , ,       | 20.0        | 00      |  |  |
|                   | Name of Employer (for Individual)<br>GE Healthcare                                    |                                    | •        | on (for Individual)<br>sident, Clinical Accessories, |                  | Me              | emc   | tem       |           |             |         |  |  |
| Ī                 | Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate Year-to-Date ▼<br>240.00 |          |  |                  |                 |       |           |           |             |         |  |  |
| SL                | JBTOTAL of Receipts This Page (optional)  |                                    |          | ••••••   |                  |                 |       | 9         | 5         | 60.0        | 00      |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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## SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

Use separate schedule(s)

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|   |                      | for each category of the<br>Detailed Summary Page          | X 11a 11b 11c 12<br>13 14 15 16 17   |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|--|--|
|   |                      |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |  |  |  |  |  |  |  |  |
| GE HealthCare Technologie   | s Inc. PAC           |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Huntley, Christopher, Raymond, ,<br>Mailing Address 500 West Monroe Street | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| City  | State                | Zip Code   | Transaction ID : 28B906AE5E744D739238  |  |  |  |  |  |  |
| Chicago   | IL                   | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                    |  | 20.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ                  | upation (for Individual)                                   | Memo Item  |  |  |  |  |  |  |
| GE Healthcare   | Vice                 | President, Clinical Accessories,                           |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date V   |  |  |  |  |  |  |  |
| Primary General   | 33 - 3 - 4           |  | 1  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |                      | 240.00   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Hurley, James, P, ,   | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                      |  |  |  |  |  |  |  |  |
| City  | State                | Zip Code   | Transaction ID : 71DE3733B81C473988E   |  |  |  |  |  |  |
| Chicago   | IL                   | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                    |  | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                      | upation (for Individual)<br>Global Product Management Poi  | nt Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>582.00                                   | ]  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Hurley, James, P, ,   | e Initial) or Full C | rganization Name   | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                      |  | 08 25 2023   |  |  |  |  |  |  |
| City  | State                | Zip Code   | Transaction ID : F599AF22A91C43ECB0I   |  |  |  |  |  |  |
| Chicago   | IL                   | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                    |  | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                      | upation (for Individual)<br>Global Product Management Poir | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>582.00                                   | ]  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona   | l)                   |  | 136.00   |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS  |                       | Use separate schedule(s)                                   | (check only     | (check only one)              |           |             |          |  |  |  |  |
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| IILIWIIZED RECEIPIO  |                       | for each category of the<br>Detailed Summary Page          | X 11a           | 11b                           | 11c       | 12          | <b>_</b> |  |  |  |  |
| Any information copied from such Reports a                           |                       |  |                 |                               |           |             |          |  |  |  |  |
| or for commercial purposes, other than usin                          | ig the name and a     |  |                 |                               | IT SUCH ( | Jommille    | е.       |  |  |  |  |
| GE HealthCare Technologie  | es Inc. PAC           |  |                 |                               |           |             |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Hurley, James, P, , | le Initial) or Full C | organization Name  | Date of         | Beceint                       |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                       |  | 09 22 2023      |                               |           |             |          |  |  |  |  |
| City   | State                 | Zip Code   |                 | action ID : 51                | 136B4B    |             | 594 F9/  |  |  |  |  |
| Chicago  | IL                    | 60661  |                 | of Each Rec                   |           |             | UURLUF   |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                     |  |                 |                               |           | 58.0        | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                       | upation (for Individual)<br>Global Product Management Poi  |                 | mo Item                       |           |             |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate             | Year-to-Date ▼<br>582.00                                   | ]               |                               |           |             |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Hurley, James, P, , | le Initial) or Full C | Prganization Name  | Date of         | Receipt                       |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                       |  | <sup>M</sup> 10 | / D D 20                      | / Y       | y y<br>2023 | Y        |  |  |  |  |
| City<br>Chicago  | State<br>IL           | Zip Code<br>60661  |                 | of Each Rec                   |           |             | 3DBD6D   |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                     | C  |                 | - <b>j</b> -                  | -         | 58.0        | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                       | upation (for Individual)<br>Global Product Management Poi  | nt Memo Item    |                               |           |             |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate             | Year-to-Date ▼<br>582.00                                   | 1               |                               |           |             |          |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Hurley, James, P, , | le Initial) or Full C | Prganization Name  | Date of         | Receipt                       |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                       |  | M M 11          | / D D<br>17                   |           | 2023        | Y        |  |  |  |  |
| City<br>Chicago  | State<br>IL           | Zip Code<br>60661  |                 | action ID : 49<br>of Each Rec |           |             | 0F9284   |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                     |  |                 | ,                             | y 1       | 58.0        | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                       | upation (for Individual)<br>Global Product Management Poir |                 | emo Item                      |           |             |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate             | Year-to-Date ▼<br>582.00                                   | ]               |                               |           |             |          |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                               | al)                   | )  |                 | 9                             | ,         | 174.00      | 0        |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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#### SCHEDULE A (FEC Form 3X) D DECEIDTE 84175

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| TTEMIZED RECEIPTS   | for each cate<br>Detailed Sun                |                  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|---|--|------------------|---|--|--|--|--|--|
| Any information copied from such Reports a<br>or for commercial purposes, other than usin |  |                  | rson for the purpose of soliciting contributions to solicit contributions from such committee.            |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |  |                  |   |  |  |  |  |  |
| GE HealthCare Technologie   | s Inc. PAC                                   |                  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Hurley, James, P, ,                      | e Initial) or Full Organization Nam          | Date of Receipt  |   |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |  |                  | 12 / D D / Y Y Y Y<br>12 15 2023  |  |  |  |  |  |
| City  | State Zip Code                               |                  | Transaction ID : C187308A46FE45899B5E   |  |  |  |  |  |
| Chicago   | IL 60661                                     |                  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C  |                  | 58.00   |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Indiv                        | vidual)          | Memo Item   |  |  |  |  |  |
| GE Healthcare   | GM Global Product I                          | Management Point |   |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                     |                  | -   |  |  |  |  |  |
| Primary General   | riggrogate roar to Date                      |                  |   |  |  |  |  |  |
| Other (specify)   | 1 1 m 1 m                                    | 582.00           |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Jendusa Orrico, Jennifer, Marie, ,       | e Initial) or Full Organization Nam          | 16               | Date of Receipt   |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |  |                  | M M / D D / Y Y Y Y<br>07 28 2023   |  |  |  |  |  |
| City  | State Zip Code                               |                  | Transaction ID : 8DFA82F8637642B18D34   |  |  |  |  |  |
| Chicago   | IL 60661                                     |                  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C  |                  | 208.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  | Occupation (for Indi<br>Chief Compliance O   | ,                | Memo Item   |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼                     |                  | -   |  |  |  |  |  |
| Primary General   |  |                  |   |  |  |  |  |  |
| Other (specify) <b>v</b>  |  | 2080.00          |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Jendusa Orrico, Jennifer, Marie,         |  | 16               | Date of Receipt   |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |  |                  | 08 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |
| City  | State Zip Code                               |                  | Transaction ID : D84411CB1BDF4F39A1B  |  |  |  |  |  |
| Chicago   | IL 60661                                     |                  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                | C  |                  | 208.00  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  | Occupation (for Indiv<br>Chief Compliance Of | ,                | Memo Item   |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼                     | 2080.00          |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional  | l)   |                  | 474.00  |  |  |  |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| IEMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |
|--|-------------------|---|---|--|--|--|--|--|--|--|--|--|
|  |                   | _ standa sammary r ugo                            | 13 14 15 16 1   |  |  |  |  |  |  |  |  |  |
|  |                   |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                   |   |   |  |  |  |  |  |  |  |  |  |
| $^{ m >}$ GE HealthCare Technologies   | Inc. PAC          |   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Jendusa Orrico, Jennifer, Marie, , | nitial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   | 09 22 2023  |  |  |  |  |  |  |  |  |  |
| City   | State             | Zip Code  | Transaction ID : DC30909737624B4EBD7  |  |  |  |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                 |   | 208.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occu              | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |  |  |
| GE Healthcare  |                   | f Compliance Officer                              |   |  |  |  |  |  |  |  |  |  |
| Receipt For:   |                   | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
| Primary General  | Aggregate         |   | -   |  |  |  |  |  |  |  |  |  |
| Other (specify)  |                   | 2080.00   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Jendusa Orrico, Jennifer, Marie, , | nitial) or Full O | rganization Name                                  | Data of Passint   |  |  |  |  |  |  |  |  |  |
|  |                   |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   | 10 / D D / Y Y Y Y Y<br>10 20 2023  |  |  |  |  |  |  |  |  |  |
| City   | State             | Zip Code  | Transaction ID : 1CAB6DD6A7FA4B358/   |  |  |  |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                 |   | 208.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occi              | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |
| GE Healthcare  |                   | of Compliance Officer                             | -   |  |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate         | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
| Primary General  | , .99109410       |   |   |  |  |  |  |  |  |  |  |  |
| Other (specify)  |                   | 2080.00   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Jendusa Orrico, Jennifer, Marie, , | nitial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                   |   | M M / D D / Y Y Y Y<br>11 17 2023   |  |  |  |  |  |  |  |  |  |
| City   | State             | Zip Code  | Transaction ID : 74915D144F314704BB9  |  |  |  |  |  |  |  |  |  |
| Chicago  | IL                | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                           | С                 |   | 208.00  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                   |                   | pation (for Individual)<br>f Compliance Officer   | Memo Item   |  |  |  |  |  |  |  |  |  |
|  |                   |   |   |  |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate         | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |

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

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# 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)

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| ••               | EWIZED RECEIPTS  | Detailed Summary Page    |   | <b>〈</b> 11a |                                       | 11   | 1b    | 11c      |           | 12           |       |         |  |
|------------------|--|--------------------------|---|--------------|---------------------------------------|------|-------|----------|-----------|--------------|-------|---------|--|
|                  |  |                          |   |              | 13                                    |      | 14    | 4        | 15        |              | 16    | 17      |  |
|                  | y information copied from such Reports and S<br>for commercial purposes, other than using the              |                          |   |              |                                       |      |       |          |           |              |       |         |  |
| $\left  \right $ | NAME OF COMMITTEE (In Full)  |                          |   |              |                                       |      |       |          |           |              |       |         |  |
|                  | GE HealthCare Technologies In  | nc. PAC                  |   |              |                                       |      |       |          |           |              |       |         |  |
| Α.               | Full Name of Individual (Last, First, Middle In Jendusa Orrico, Jennifer, Marie, ,                         | itial) or Full O         | ganization Name   |              | Date of Receipt                       |      |       |          |           |              |       |         |  |
|                  | Mailing Address 500 West Monroe Street   |                          |   |              |                                       |      |       |          |           |              |       |         |  |
|                  | City   | State                    | Zip Code  |              | Transaction ID : C48F813A5B6D4F46920D |      |       |          |           |              |       |         |  |
|                  | Chicago  | IL                       | 60661   | _            | Amoun                                 | t of | f Ea  | ach Re   | eceipt th | nis P        | eriod |         |  |
|                  | FEC ID number of contributing federal political committee.   | С                        |   |              | 208.00                                |      |       |          |           |              |       |         |  |
|                  | Name of Employer (for Individual)  | Occu                     | pation (for Individual)                                   | _            | M                                     | lemo | o It  | em       |           |              |       |         |  |
|                  | GE Healthcare  | Chie                     | f Compliance Officer                                      |              |                                       |      |       |          |           |              |       |         |  |
|                  | Receipt For:   | Aggregate                | Year-to-Date ▼  | -            |                                       |      |       |          |           |              |       |         |  |
|                  | Primary General  | Aggregate                | 11  |              |                                       |      |       |          |           |              |       |         |  |
|                  | Other (specify) ▼  |                          | 2080.00   |              |                                       |      |       |          |           |              |       |         |  |
| в.               | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jenkins, Emily, Everett, , |                          |   |              |                                       |      | ece   | ipt      |           |              |       |         |  |
|                  | Mailing Address 500 West Monroe Street   |                          |   |              | M M                                   | /    | /     | 28       | / Y       |              | 23    | Y       |  |
|                  | City   | State                    | Zip Code  |              | Trans                                 | act  | tion  | D : 0    | C222552   | 2311         | 72455 | 8B2B2   |  |
|                  | Chicago  | IL                       | 60661   |              |                                       |      |       |          | eceipt th |              |       |         |  |
|                  | FEC ID number of contributing federal political committee.   | С                        |   |              |                                       |      | -     |          |           |              | 58.0  | 00      |  |
|                  | Name of Employer (for Individual)  | Occi                     | pation (for Individual)                                   | _            | Memo Item                             |      |       |          |           |              |       |         |  |
|                  | GE Healthcare  | Mar                      | .   |              |                                       |      |       |          |           |              |       |         |  |
|                  | Receipt For:   |                          | _   |              |                                       |      |       |          |           |              |       |         |  |
|                  | Primary General  | Aggregate Year-to-Date ▼ |   |              |                                       |      |       |          |           |              |       |         |  |
|                  | Other (specify)  |                          | 638.00  |              |                                       |      |       |          |           |              |       |         |  |
| с.               | Full Name of Individual (Last, First, Middle In Jenkins, Emily, Everett, ,                                 | itial) or Full O         | rganization Name  |              | Date o                                | f Re | ece   | ipt      |           |              |       |         |  |
|                  | Mailing Address 500 West Monroe Street   |                          |   |              | 08                                    | /    | /     | 25       | / Y       |              | )23   | Y       |  |
|                  | City   | State                    | Zip Code  |              | Tran                                  | sact | tior  | י ID : ל | 56AC13    | 1 <b>C</b> 8 | 5D548 | E9CA21F |  |
|                  | Chicago  | IL                       | 60661   |              | Amoun                                 | t of | f Ea  | ach Re   | eceipt th | nis P        | eriod |         |  |
|                  | FEC ID number of contributing federal political committee.   | С                        |   |              | <u> </u>                              |      | y     |          | , y       | _            | 58.0  | 00      |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare   |                          | pation (for Individual)<br>et Vice President _ Chesapeake |              | N                                     | lem  | io It | em       |           |              |       |         |  |
|                  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>638.00                                  | ]            |                                       |      |       |          |           |              |       |         |  |
| s                | UBTOTAL of Receipts This Page (optional)   |                          |   | <u> </u>     |                                       |      | y     |          |           |              | 324.0 | 0       |  |

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#### SCHEDULE A (FEC Form 3X) D DECEIDTE 84175

Use separate schedule(s)

FOR LINE NUMBER:

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|           |   |                          | for each category of the<br>Detailed Summary Page         | X 11a 11b 11c 12   |  |  |  |  |  |  |  |  |
|-----------|---|--------------------------|---|--|--|--|--|--|--|--|--|--|
|           |   |                          |   | 13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)   |                          |   |  |  |  |  |  |  |  |  |  |
| $\rangle$ | GE HealthCare Technologies I  | nc. PAC                  |   |  |  |  |  |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle Ir<br>Jenkins, Emily, Everett, , | nitial) or Full Org      | ganization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                          |   | 09 22 2023   |  |  |  |  |  |  |  |  |
|           | City<br>Chicago   | State<br>IL              | Zip Code<br>60661   | Transaction ID : 6AC49CC0B57041EE8C<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С                        |   | 58.00  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare                            |                          | pation (for Individual)<br>et Vice President Chesapeake   | Memo Item  |  |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General   |                          | ear-to-Date ▼   | _  |  |  |  |  |  |  |  |  |
|           | Other (specify)   |                          | 638.00  |  |  |  |  |  |  |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Ir<br>Jenkins, Emily, Everett, , | nitial) or Full Org      | ganization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                          |   | 10 20 2023   |  |  |  |  |  |  |  |  |
|           | City<br>Chicago   | State<br>IL              | Zip Code<br>60661   | Transaction ID : 17F212EEA2AE44808F0<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С                        |   | 58.00<br>Memo Item   |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare                            |                          | pation (for Individual)<br>et Vice President _ Chesapeake |  |  |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Y              | iear-to-Date ▼<br>638.00                                  |  |  |  |  |  |  |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Ir<br>Jenkins, Emily, Everett, , | l<br>hitial) or Full Org | ganization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                          |   | M M / D D / Y Y Y Y<br>11 17 2023  |  |  |  |  |  |  |  |  |
|           | City<br>Chicago   | State<br>IL              | Zip Code<br>60661   | Transaction ID : 36006B8FD7DA4ED895  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                    | С                        |   | 58.00  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare                            |                          | pation (for Individual)<br>et Vice President _ Chesapeake | Memo Item  |  |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate Y              | ear-to-Date ▼<br>638.00                                   |  |  |  |  |  |  |  |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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#### SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS 17

Use separate schedule(s)

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| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page        | X 11a 11b 13 14                         | 11c 12             | 17      |  |  |  |  |  |  |  |
|---|--------------------|--|---|--------------------|---------|--|--|--|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using t |                    |  | person for the purpose of               | soliciting contrib | outions |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                    |  |   |                    |         |  |  |  |  |  |  |  |
| GE HealthCare Technologies  | Inc. PAC           |  |   |                    |         |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Jenkins, Emily, Everett, ,        | Initial) or Full O | rganization Name   | Date of Receipt                         | Date of Receipt    |         |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |  | M M / D D / Y Y Y Y<br>12 15 2023       |                    |         |  |  |  |  |  |  |  |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661  | Transaction ID : 2<br>Amount of Each Re |                    |         |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |  |   | 58                 | 8.00    |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>ket Vice President Chesapeak | Memo Item                               |                    |         |  |  |  |  |  |  |  |
| Receipt For:  |                    |  | ·                                       |                    |         |  |  |  |  |  |  |  |
| Primary General   | Aggregate          | Year-to-Date ▼   | _                                       |                    |         |  |  |  |  |  |  |  |
| Other (specify) ▼   |                    | 638.00   | ]                                       |                    |         |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Jimenez, Frank, Ruben, ,                 | Initial) or Full O | rganization Name   | Date of Receipt                         |                    |         |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |  | 07 28                                   | / Y Y Y Y<br>2023  | ■ Y     |  |  |  |  |  |  |  |
| City  | State              | Zip Code   | Transaction ID : 3                      | 3DB2D80F791C       | 430B983 |  |  |  |  |  |  |  |
| Chicago   | IL                 | 60661  | Amount of Each Re                       |                    |         |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |  |   | 416.00             |         |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>neral Counsel, GE Healthcare | Memo Item                               | Memo Item          |         |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>4992.00                                | ]                                       |                    |         |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Jimenez, Frank, Ruben, ,                 | Initial) or Full O | rganization Name   | Date of Receipt                         |                    |         |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street  |                    |  | 08 / D D<br>08 25                       | / Y Y Y Y<br>2023  | Y       |  |  |  |  |  |  |  |
| City  | State              | Zip Code   | Transaction ID :                        | 710DEE99195F       | 4B54BF0 |  |  |  |  |  |  |  |
| Chicago   | IL                 | 60661  | Amount of Each Re                       | eceipt this Peric  | d       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                  | С                  |  |   | 41                 | 6.00    |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>eral Counsel, GE Healthcare  | Memo Item                               |                    |         |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | Year-to-Date ▼<br>4992.00                                | ]                                       |                    |         |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).  |                    |  |   |                    | 0.00    |  |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS  |                      | Use separate schedule(s)                                  | (check only      | (check only one) |           |             |          |  |  |  |  |
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|  |                      | for each category of the<br>Detailed Summary Page         | X 11a            | 11b              | 11c       | 12          | <b>_</b> |  |  |  |  |
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| or for commercial purposes, other than using                               | g the name and a     | address of any political committe                         | e to solicit cor | ntributions t    | rom such  | 1 committe  | e.       |  |  |  |  |
| GE HealthCare Technologie  | s Inc. PAC           |   |                  |                  |           |             |          |  |  |  |  |
| V Full Name of Individual (Last, First, Middl                              | e Initial) or Full C | Drganization Name   |                  |                  |           |             |          |  |  |  |  |
| A. Jimenez, Frank, Ruben, ,  |                      |   | Date of          | Receipt          |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                     |                      |   | M M<br>09        |                  |           |             |          |  |  |  |  |
| City   | State                | Zip Code  |                  | action ID :      |           |             | 082AF0F  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount           | t of Each R      | eceipt th | is Period   |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                    |   |                  | -                | -         | 416.0       | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                         |                      | cupation (for Individual)<br>neral Counsel, GE Healthcare | M                | emo Item         |           |             |          |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date <b>V</b>                                     |                  |                  |           |             |          |  |  |  |  |
| Primary     General       Other (specify) ▼                                |                      | 4992.00   | ]                |                  |           |             |          |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Jimenez, Frank, Ruben, , | e Initial) or Full C | Drganization Name   | Date of          | Receipt          |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                     |                      |   | M M<br>10        | / D D<br>20      | / Y       | y y<br>2023 | Y        |  |  |  |  |
| City   | State                |   |                  |                  |           | C343B641    | 41BC25   |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount           | t of Each R      | eceipt th | is Period   |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                    |   |                  |                  | -         | 416.0       | 0        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                         |                      | cupation (for Individual)<br>neral Counsel, GE Healthcare | M                | emo Item         |           |             |          |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date ▼<br>4992.00                                 |                  |                  |           |             |          |  |  |  |  |
| Other (specify) <b>v</b>   |                      | 4992.00   | 1                |                  |           |             |          |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Jimenez, Frank, Ruben, , | e Initial) or Full C | Drganization Name   | Date of          | Receipt          |           |             |          |  |  |  |  |
| Mailing Address 500 West Monroe Street                                     |                      |   | M M<br>11        | / D D<br>17      | / Y       | 2023 Y      | Ŷ        |  |  |  |  |
| City   | State                | Zip Code  | Trans            | action ID :      | 040C031   | D017A4E     | B1B622   |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount           | t of Each R      | eceipt th | is Period   |          |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                    |   |                  |                  |           | 416.0       | 00       |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                         |                      | cupation (for Individual)<br>neral Counsel, GE Healthcare |                  | emo Item         |           |             |          |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate            | Year-to-Date ▼<br>4992.00                                 | ]                |                  |           |             |          |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                   | I)                   |   |                  | . , .            |           | 1248.0      | 0        |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| TIEMIZED RECEIPTS  |                                   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 | 17    |  |  |  |  |  |  |  |
|--|-----------------------------------|---|--|-------|--|--|--|--|--|--|--|
|  |                                   |   | person for the purpose of soliciting contribution<br>e to solicit contributions from such committee.     | าร    |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                                   |   |  |       |  |  |  |  |  |  |  |
| GE HealthCare Technologi   | es Inc. PAC                       |   |  |       |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br><b>A.</b> Jimenez, Frank, Ruben, ,<br>Mailing Address 500 West Monroe Stree |                                   | ganization Name                                   | Date of Receipt  | 1     |  |  |  |  |  |  |  |
|  |                                   |   | 12 15 2023   |       |  |  |  |  |  |  |  |
| City   | State                             | Zip Code  | Transaction ID : 7A0BBB48A0024054  | 49E7[ |  |  |  |  |  |  |  |
| Chicago  | IL                                | 60661   | Amount of Each Receipt this Period   |       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                                 |   | 416.00   |       |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occu                              | pation (for Individual)                           | Memo Item  |       |  |  |  |  |  |  |  |
| GE Healthcare  | Gene                              | eral Counsel, GE Healthcare                       |  |       |  |  |  |  |  |  |  |
| Receipt For:   |                                   | lear-to-Date ▼                                    |  |       |  |  |  |  |  |  |  |
| Primary General  | 1.991.094.0                       | 1   |  |       |  |  |  |  |  |  |  |
| Other (specify) ▼  |                                   | 4992.00   |  |       |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Johnson, Alvira, , ,   | dle Initial) or Full Or           | ganization Name                                   | Date of Receipt  |       |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | M M / D D / Y Y Y Y<br>11 17 2023 | 1   |  |       |  |  |  |  |  |  |  |
| City   | State                             | Zip Code  | Transaction ID : 51482DDEFEED4FF   | 19592 |  |  |  |  |  |  |  |
| Chicago  | IL                                | 60661   | Amount of Each Receipt this Period   |       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                                 |   | 20.00  |       |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | pation (for Individual)<br>e Stream Lean Leader   | Memo Item  |       |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | /ear-to-Date ▼<br>230,00                          | ]  |       |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Johnson, Alvira, , ,   | dle Initial) or Full Or           | ganization Name                                   | Date of Receipt  |       |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree  | et                                |   | 12 / D D / Y Y Y Y<br>12 15 2023   |       |  |  |  |  |  |  |  |
| City   | State                             | Zip Code  | Transaction ID : 3950E503D44E4EFA  | A588  |  |  |  |  |  |  |  |
| Chicago  | IL                                | 60661   | Amount of Each Receipt this Period   |       |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | C                                 |   | 20.00  |       |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | pation (for Individual)<br>Stream Lean Leader     | Memo Item  |       |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                         | /ear-to-Date ▼<br>230.00                          | ]  |       |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option   | nal)                              | ······ )  | 456.00   |       |  |  |  |  |  |  |  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |                      | Use separate schedule(s)                              |                |            | (check only one)                   |                        |                 |         |  |  |  |  |  |
|--|----------------------|---|----------------|------------|------------------------------------|------------------------|-----------------|---------|--|--|--|--|--|
|  |                      | for each category of the<br>Detailed Summary Page     | X 11a          | ۱ _        | 11b                                | 11c                    | 12              | ,       |  |  |  |  |  |
| Any information copied from such Reports a                           | nd Statements ma     | l<br>ay not be sold or used by any p                  | erson for th   | ne pu      | 14<br>rpose of                     | 15<br>soliciting       | 16<br>contribut | ions    |  |  |  |  |  |
| or for commercial purposes, other than using                         | g the name and a     | ddress of any political committe                      | e to solicit o | contri     | butions 1                          | from such              | committe        | ee.     |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                      |   |                |            |                                    |                        |                 |         |  |  |  |  |  |
| GE HealthCare Technologie  | s Inc. PAC           |   |                |            |                                    |                        |                 |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl                          | e Initial) or Full C | rganization Name                                      |                |            |                                    |                        |                 |         |  |  |  |  |  |
| A. Jones, Tyler, J, ,  |                      |   | Date           | of R       | eceipt                             |                        |                 |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                      |   |                | 07 28 2023 |                                    |                        |                 |         |  |  |  |  |  |
| City   | State                | Zip Code  |                |            |                                    | 9BB6BE                 |                 | 45AB80E |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amou           | unt of     | FEach F                            | eceipt thi             | is Period       |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                    | C   |                |            | Amount of Each Receipt this Period |                        |                 |         |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                      | upation (for Individual)<br>Modality Service GM       |                | Mem        | o Item                             |                        |                 |         |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date 🔻  |                |            |                                    |                        |                 |         |  |  |  |  |  |
| Primary     General       Other (specify) ▼                          |                      | 696.00  | ]              |            |                                    |                        |                 |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Jones, Tyler, J, , | e Initial) or Full C | rganization Name                                      | Date           | of R       | eceipt                             |                        |                 |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                      |   | M<br>00        |            | 25                                 | ) / Y                  | y y<br>2023     | Y       |  |  |  |  |  |
| City<br>Chicago  | State                | Zip Code<br>60661                                     |                |            |                                    | 863446F                |                 | 889A4   |  |  |  |  |  |
| <b>_</b>   |                      | 00001   | Amoi           | unt of     | Each F                             | leceipt th             | is Period       | _       |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                    | C   |                |            | o Item                             |                        | 58.0            | 00      |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                      | Occupation (for Individual)<br>MR Modality Service GM |                |            |                                    |                        |                 |         |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date ▼  |                |            |                                    |                        |                 |         |  |  |  |  |  |
| Other (specify)  |                      | 696.00  | ]              |            |                                    |                        |                 |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Jones, Tyler, J, , | e Initial) or Full C | rganization Name                                      | Date           | of R       | eceipt                             |                        |                 |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               | 1                    | I   | 09             | Э          | 22 D                               | 」∟                     | 2023            |         |  |  |  |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661                                     |                |            |                                    | 47590D2<br>Receipt thi |                 | 148E04  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                    |   | Ē              |            | , .                                | y .                    | 58.0            | 00      |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                      | upation (for Individual)<br>Modality Service GM       |                | Mem        | o Item                             |                        |                 |         |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate            | Year-to-Date ▼<br>696.00                              | ]              |            |                                    |                        |                 |         |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                              | l)                   |   |                |            | ,                                  | 9                      | 174.(           | 00      |  |  |  |  |  |

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Use separate schedule(s)

FOR LINE NUMBER:

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|  |                      | Use separate schedule(s)<br>for each category of the | (ch  | eck only                              | / on  | ie)           |                  |                  |             |  |  |  |  |
|--|----------------------|--|--|---------------------------------------|-------|---------------|------------------|------------------|-------------|--|--|--|--|
| ITEMIZED RECEIPTS  |                      | Detailed Summary Page                                |  |                                       |       | 11b           | 11c              | 12               | <u> </u>    |  |  |  |  |
| Any information copied from such Reports an                              | nd Statements ma     | ay not be sold or used by any p                      | person   | 13<br>for the                         | purp  | 14<br>Dose of | 15<br>soliciting | contribu         | 17<br>tions |  |  |  |  |
| or for commercial purposes, other than using                             | i the name and a     | address of any political committe                    | e to s   | olicit cor                            | ntrib | utions f      | rom such         | n committ        | ee.         |  |  |  |  |
|  |                      |  |  |                                       |       |               |                  |                  |             |  |  |  |  |
| / GE HealthCare Technologie  | S INC. PAC           |  |  |                                       |       |               |                  |                  |             |  |  |  |  |
| Full Name of Individual (Last, First, Middle                             | e Initial) or Full C | Drganization Name                                    |  |                                       |       |               |                  |                  |             |  |  |  |  |
| A. Jones, Tyler, J, ,  |                      |  |  | Date of Receipt                       |       |               |                  |                  |             |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |  |  |                                       |       |               |                  |                  |             |  |  |  |  |
| City   | State                | Zip Code   |  | Transaction ID : AC80443C37B14C1A9745 |       |               |                  |                  |             |  |  |  |  |
| Chicago  | IL                   | 60661  |  |                                       |       |               |                  | is Period        |             |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С                    |  |  | <u> </u>                              |       | -             | -                | 58.              | 00          |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | cupation (for Individual)<br>Modality Service GM     |  | Me                                    | emo   | Item          |                  |                  |             |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date V                                       |  |                                       |       |               |                  |                  |             |  |  |  |  |
| Primary     General       Other (specify) ▼                              |                      | 696.00   | 1  |                                       |       |               |                  |                  |             |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Jones, Tyler, J, ,    | e Initial) or Full C | Drganization Name                                    |  | Date of                               | Re    | ceipt         |                  |                  |             |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   | 1 -                  |  |  | <sup>M</sup> 11                       | /     | D D<br>17     | / Y              | 2023             | Y           |  |  |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661                                    | Transaction ID : 0F58EC5A92D643B78F6<br>Amount of Each Receipt this Period |                                       |       |               |                  |                  |             |  |  |  |  |
| <b>_</b>   |                      |  |  | Amount                                | ot    | ⊨acn R        | eceipt th        | is Period        |             |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С                    |  |  | <u>L</u>                              |       |               | <u> </u>         | 58.              | 00          |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | cupation (for Individual)<br>Modality Service GM     |  | Me                                    | emo   | Item          |                  |                  |             |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date V                                       |  |                                       |       |               |                  |                  |             |  |  |  |  |
| Primary     General       Other (specify) ▼                              |                      | 696.00   | ]  |                                       |       |               |                  |                  |             |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Jones, Tyler, J, ,    | e Initial) or Full C | Drganization Name                                    |  | Date of                               | Re    | ceipt         |                  |                  |             |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |  |  | <sup>M</sup> 12                       | /     | D D D 15      | JL               | 2023 Y           | _           |  |  |  |  |
| City   | State<br>IL          | Zip Code<br>60661                                    |  |                                       |       | -             |                  | F769A4A          | C7BEB2      |  |  |  |  |
| Chicago<br>FEC ID number of contributing<br>federal political committee. | C                    |  |  | Amount                                | of    | Each R        | eceipt th        | is Period<br>58. | 00          |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | cupation (for Individual)<br>Modality Service GM     |  | Me                                    | emo   | Item          |                  |                  |             |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       |                      | Year-to-Date ▼<br>696.00                             | ]  |                                       |       |               |                  |                  |             |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                  | )                    |  |  |                                       |       | ,             | 3                | 174.(            | 00          |  |  |  |  |

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

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| ITEMIZED RECEIPTS  |                          | Use separate schedule(s)                           | (check or                          | nly oi  | ne)      | -          |           |          |  |  |  |  |  |  |
|--|--------------------------|--|------------------------------------|---|----------|------------|-----------|----------|--|--|--|--|--|--|
| IILIVIIZED REGEIFIJ  |                          | for each category of the<br>Detailed Summary Page  |                                    |   |          | 11c        | 12        | <i>,</i> |  |  |  |  |  |  |
| Any information copied from such Report                              |                          |  |                                    |   |          |            |           |          |  |  |  |  |  |  |
| or for commercial purposes, other than u                             | sing the name and a      | address of any political committe                  | e to solicit c                     | ontrik  | outions  | from such  | committe  | ee.      |  |  |  |  |  |  |
|  |                          |  |                                    |   |          |            |           |          |  |  |  |  |  |  |
| / GE HealthCare Technolog  | gies Inc. PAC            |  |                                    |   |          |            |           |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M                              | iddle Initial) or Full C | Organization Name                                  |                                    |   |          |            |           |          |  |  |  |  |  |  |
| A. Kautzer, Jeffrey, A, ,  |                          |  | Date of Receipt                    |   |          |            |           |          |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stre                                 | eet                      |  | 07                                 | 07 28 2023  |          |            |           |          |  |  |  |  |  |  |
| City   | State                    | Zip Code   | Trar                               | nsact   | ion ID : | 45AE7C     | 9578AF43  | 36F8E5C  |  |  |  |  |  |  |
| Chicago  | IL                       | 60661  | Amou                               | nt of   | Each F   | eceipt th  | is Period |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                        |  |                                    |   |          |            | 34.0      | 00       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                          | upation (for Individual)<br>ef Electrical Engineer |                                    | Memo  | o Item   |            |           |          |  |  |  |  |  |  |
| Receipt For:   | Aggregate                | Year-to-Date ▼                                     |                                    |   |          |            |           |          |  |  |  |  |  |  |
| Primary General  | 33 - 34                  |  | 1                                  |   |          |            |           |          |  |  |  |  |  |  |
| Other (specify) <b>v</b>   |                          | 408.00   |                                    |   |          |            |           |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>B. Kautzer, Jeffrey, A, , | iddle Initial) or Full C | Organization Name                                  | Date                               | of Re   | eceipt   |            |           |          |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stre                                 | eet                      |  |                                    | M         M         /         D         D         /         Y |          |            |           |          |  |  |  |  |  |  |
| City   | State                    | Zip Code   |                                    |   |          |            | 31AD348   | C6A15D   |  |  |  |  |  |  |
| Chicago  | IL                       | 60661  | Amount of Each Receipt this Period |   |          |            |           |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                        |  |                                    | _   | -        |            | 34.(      | 00       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                          | upation (for Individual)<br>ef Electrical Engineer |                                    | Memo  | o Item   |            |           |          |  |  |  |  |  |  |
| Receipt For:   | Aggregate                | Year-to-Date ▼                                     |                                    |   |          |            |           |          |  |  |  |  |  |  |
| Other (specify) ▼  |                          | 408.00   | ]                                  |   |          |            |           |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>C. Kautzer, Jeffrey, A, , | iddle Initial) or Full C | Organization Name                                  | Date                               | of Re   | eceipt   |            |           |          |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Str                                  | eet                      |  | M 09                               |   | 22       |            | 2023      | Y        |  |  |  |  |  |  |
| City   | State                    | Zip Code   | Trar                               | nsact   | ion ID : | EA211C     | 35728942  | A2B300   |  |  |  |  |  |  |
| Chicago  | IL                       | 60661  | Amou                               | nt of   | Each F   | Receipt th | is Period |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | C                        |  |                                    |   | y .      | . y        | 34.0      | 00       |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                          | upation (for Individual)<br>ef Electrical Engineer |                                    | Memo  | o Item   |            |           |          |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate                | Year-to-Date ▼<br>408.00                           | ]                                  |   |          |            |           |          |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opti                                 | onal)                    |  |                                    |   | 9        | 9          | 102.0     | 00       |  |  |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

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|             | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|-------------|--|---------------|--|---|--|--|--|--|--|--|--|--|--|
|             | ny information copied from such Reports and St for commercial purposes, other than using the                           |               |  | person for the purpose of soliciting contributions ee to solicit contributions from such committee.       |  |  |  |  |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |               |  |   |  |  |  |  |  |  |  |  |  |
|             | GE HealthCare Technologies In  | c. PAC        |  |   |  |  |  |  |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initi<br>Kautzer, Jeffrey, A, ,<br>Mailing Address 500 West Monroe Street | al) or Full O | rganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             |  |               |  | 10 20 2023  |  |  |  |  |  |  |  |  |  |
|             | City   | State         | Zip Code   | Transaction ID : FD9F93D3587647B9B443   |  |  |  |  |  |  |  |  |  |
|             | Chicago  | IL            | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С             |  | 34.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)  | Оссі          | upation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | GE Healthcare  | Chie          | ef Electrical Engineer                             |   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:   | Aggregate     | Year-to-Date ▼                                     |   |  |  |  |  |  |  |  |  |  |
|             | Primary General  |               |  |   |  |  |  |  |  |  |  |  |  |
|             | Other (specify) <b>v</b>   | L             | 408.00   |   |  |  |  |  |  |  |  |  |  |
| В.          | Full Name of Individual (Last, First, Middle Initi<br>Kautzer, Jeffrey, A, ,   | al) or Full O | rganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street   |               |  | M M / D D / Y Y Y Y<br>11 17 2023   |  |  |  |  |  |  |  |  |  |
|             | City   | State         | Zip Code   | Transaction ID : DB912307F92A419EB439   |  |  |  |  |  |  |  |  |  |
|             | Chicago  | IL            | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С             |  | 34.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare   |               | upation (for Individual)<br>ef Electrical Engineer | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:   | Aggregate     | Year-to-Date V                                     |   |  |  |  |  |  |  |  |  |  |
|             | Primary General  |               |  | -   |  |  |  |  |  |  |  |  |  |
|             | Other (specify) ▼  | L             | 408.00   |   |  |  |  |  |  |  |  |  |  |
| с.          | Full Name of Individual (Last, First, Middle Initi<br>Kautzer, Jeffrey, A, ,   | al) or Full O | rganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street   |               |  | 12 15 / Y Y Y Y<br>2023   |  |  |  |  |  |  |  |  |  |
|             | City   | State         | Zip Code   | Transaction ID : A6019062106845BA9CB7   |  |  |  |  |  |  |  |  |  |
|             | Chicago  | IL            | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С             |  | 34.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare   |               | upation (for Individual)<br>of Electrical Engineer | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>408.00                           |   |  |  |  |  |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |               |  | ▶ 102.00  |  |  |  |  |  |  |  |  |  |

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|  | CEIDTS                                |                       |   | lse separate schedule(s)                     | (cł             | neck only                             | y or  | ıe)           |                       |               |        |  |  |  |  |
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| ITEMIZED RE                            |                                       |                       | for each category of the<br>Detailed Summary Page           |  |                 |                                       |       | 11b           | 11c                   | 12            |        |  |  |  |  |
| Any information cop                    | ied from such Reports a               | nd Statements ma      | l<br>ay no  | ot be sold or used by any pe                 | erson           | 13<br>for the                         | purp  | 14<br>Dose of | 15<br>soliciting      | 16<br>contrib | utions |  |  |  |  |
|  |                                       | g the name and a      | addre   | ss of any political committee                | to s            | olicit cor                            | ntrib | utions f      | rom such              | n commi       | ttee.  |  |  |  |  |
|  | . ,                                   |                       |   |  |                 |                                       |       |               |                       |               |        |  |  |  |  |
| GE HealthC                             | Care Technologie                      | s Inc. PAC            |   |  |                 |                                       |       |               |                       |               |        |  |  |  |  |
|  | ividual (Last, First, Midd            | le Initial) or Full C | Drgan   | ization Name                                 |                 |                                       |       |               |                       |               |        |  |  |  |  |
| A. Kelley, Scott, I                    |                                       |                       |   |  | Date of Receipt |                                       |       |               |                       |               |        |  |  |  |  |
| Mailing Address                        | 500 West Monroe Street                |                       |   |  |                 | 07 28 2023                            |       |               |                       |               |        |  |  |  |  |
| City                                   |                                       | State                 |   | Zip Code                                     |                 | Transaction ID : DE216166895F4A6A8A9C |       |               |                       |               |        |  |  |  |  |
| Chicago                                |                                       | IL                    |   | 60661  | _               | Amount                                | t of  | Each R        | leceipt th            | is Perio      | d      |  |  |  |  |
| FEC ID number of federal political co  | Ũ                                     | C                     |   |  |                 |                                       |       |               |                       | 75            | 5.00   |  |  |  |  |
| Name of Employe<br>GE Healthcare       | er (for Individual)                   |                       |   | on (for Individual)<br>edical Safety Officer |                 | M                                     | emo   | Item          |                       |               |        |  |  |  |  |
| Receipt For:                           |                                       | Aggregate             | Year  | r-to-Date ▼                                  |                 |                                       |       |               |                       |               |        |  |  |  |  |
| Other (spec                            | General<br>cify) ▼                    |                       | Ŧ   | 675.00                                       |                 |                                       |       |               |                       |               |        |  |  |  |  |
| Full Name of Indi<br>B. Kelley, Scott, | ividual (Last, First, Midd<br>D., ,   | le Initial) or Full C | rgan  | ization Name                                 |                 | Date of                               | f Re  | ceipt         |                       |               |        |  |  |  |  |
| Mailing Address                        | 500 West Monroe Street                |                       |   |  |                 | 08                                    | /     | 25            | / Y                   | 2023          | Y      |  |  |  |  |
| City<br>Chicago                        |                                       | State<br>IL           |   | Zip Code<br>60661                            | _               |                                       |       |               | 12A9D5I<br>leceipt th |               |        |  |  |  |  |
| FEC ID number of federal political co  | Ũ                                     | C                     | C   |  |                 |                                       |       |               |                       | 75            | 5.00   |  |  |  |  |
| Name of Employe<br>GE Healthcare       | er (for Individual)                   |                       | Occupation (for Individual)<br>Chief Medical Safety Officer |  |                 |                                       |       |               |                       |               |        |  |  |  |  |
| Receipt For:                           |                                       | Aggregate             | Year  | r-to-Date ▼                                  |                 |                                       |       |               |                       |               |        |  |  |  |  |
| Other (spec                            | General<br>cify) ▼                    |                       | <b>,</b>  | 675.00                                       |                 |                                       |       |               |                       |               |        |  |  |  |  |
| Full Name of Indi                      | ividual (Last, First, Midd<br>, D., , | le Initial) or Full C | Organ   | ization Name                                 |                 | Date of                               | f Re  | ceipt         |                       |               |        |  |  |  |  |
|  | 500 West Monroe Street                |                       |   |  |                 | 09                                    |       | 22            | JL                    | 2023          | _      |  |  |  |  |
| City<br>Chicago                        |                                       | State<br>IL           |   | Zip Code<br>60661                            |                 |                                       |       |               | 52EF54                |               |        |  |  |  |  |
| FEC ID number of federal political of  | Ũ                                     | С                     |   |  |                 |                                       |       |               | leceipt th            |               | 5.00   |  |  |  |  |
| Name of Employe<br>GE Healthcare       |                                       |                       |   | on (for Individual)<br>dical Safety Officer  |                 | M                                     | emo   | ltem          |                       |               |        |  |  |  |  |
| Receipt For:<br>Primary<br>Other (spec | General<br>cify)                      | Aggregate             | Aggregate Year-to-Date ▼<br>675.00                          |  |                 |                                       |       |               |                       |               |        |  |  |  |  |
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| IТ           | EMIZED RECEIPTS   |   |                       | Use separate schedule(s)                        | (cł      | neck only                             | / or    | ne)      |            |            |         |  |  |  |  |
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|              |   | for each category of the<br>Detailed Summary Page |                       |   |          | <b>X</b> 11a                          |         | 11b      | 11c        | 12         | ,       |  |  |  |  |
|              | y information copied from such Reports and St                             |   |                       |   |          |                                       |         |          |            |            |         |  |  |  |  |
| or           | for commercial purposes, other than using the                             | name and a  | ıddr                  | ess of any political committee                  | e to s   | olicit cor                            | ntrib   | utions   | from such  | h committ  | ee.     |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |   |                       |   |          |                                       |         |          |            |            |         |  |  |  |  |
|              | GE HealthCare Technologies In   | c. PAC  |                       |   |          |                                       |         |          |            |            |         |  |  |  |  |
| ×            | Full Name of Individual (Last, First, Middle Init                         | ial) or Full O                                    | )rga                  | nization Name                                   |          |                                       |         |          |            |            |         |  |  |  |  |
| Α.           | Kelley, Scott, D., ,  |   |                       |   |          | Date of Receipt                       |         |          |            |            |         |  |  |  |  |
|              | Mailing Address 500 West Monroe Street                                    |   |                       |   |          | M M / D D / Y Y Y Y Y<br>10 20 2023   |         |          |            |            |         |  |  |  |  |
|              | City  | State   |                       | Zip Code  |          | Transaction ID : 10B4F0474275438C899E |         |          |            |            |         |  |  |  |  |
|              | Chicago   | IL  |                       | 60661   | _        | Amount                                | of      | Each F   | Receipt th | nis Period |         |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                | С   |                       |   |          |                                       |         | -        |            | 75.0       | 00      |  |  |  |  |
|              | Name of Employer (for Individual)   | Occi  | tion (for Individual) |   | Me       | emo                                   | Item    |          |            |            |         |  |  |  |  |
|              | GE Healthcare   | Chie  | ef N                  | ledical Safety Officer                          |          |                                       |         |          |            |            |         |  |  |  |  |
|              | Receipt For:  | Aggregate   | Ye                    | ar-to-Date ▼                                    |          |                                       |         |          |            |            |         |  |  |  |  |
|              | Primary General<br>Other (specify) ▼                                      |   |                       | 675.00  | 11       |                                       |         |          |            |            |         |  |  |  |  |
|              |   |   | -                     |   | 11       |                                       |         |          |            |            |         |  |  |  |  |
| в.           | Full Name of Individual (Last, First, Middle Init Kelley, Scott, D., ,    | ial) or Full O                                    | rga                   | nization Name                                   |          | Date of                               | Re      | ceipt    |            |            |         |  |  |  |  |
|              | Mailing Address 500 West Monroe Street                                    |   |                       |   |          | M M<br>11                             | 1       | D 17     | р / Y      | 2023       | Y       |  |  |  |  |
|              | City  | State   | Zip Code              |   | Trans    | acti                                  | on ID : | 17CE3D   | 2E01294/   | B89BF0     |         |  |  |  |  |
|              | Chicago   | IL  | 60661                 | Amount of Each Receipt this Period              |          |                                       |         |          |            |            |         |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                | С   |                       |   | <u> </u> | _                                     | -       |          | 75.0       | 00         |         |  |  |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare                        |   | •                     | tion (for Individual)<br>ledical Safety Officer |          | Me                                    | emo     | Item     |            |            |         |  |  |  |  |
|              | Receipt For:  | Aggregate   | Ye                    | ar-to-Date 🔻                                    |          |                                       |         |          |            |            |         |  |  |  |  |
|              | Primary General<br>Other (specify) ▼                                      |   | ,                     | 675.00  |          |                                       |         |          |            |            |         |  |  |  |  |
| С.           | Full Name of Individual (Last, First, Middle Init<br>Kelley, Scott, D., , | ial) or Full O                                    | rga                   | nization Name                                   |          | Date of                               | Re      | ceipt    |            |            |         |  |  |  |  |
|              | Mailing Address 500 West Monroe Street                                    |   |                       |   |          | <sup>M</sup> 12                       | /       | D 15     |            | 2023       | Y       |  |  |  |  |
|              | City  | State   |                       | Zip Code  |          | Trans                                 | act     | ion ID : | 53EB77     | A5805E47   | 751BDC7 |  |  |  |  |
|              | Chicago   | IL  |                       | 60661   |          | Amount                                | of      | Each F   | Receipt th | nis Period |         |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                | С   |                       |   |          |                                       |         | ,        | ,          | 75.0       | 00      |  |  |  |  |
|              | Name of Employer (for Individual)<br>GE Healthcare                        |   | •                     | tion (for Individual)<br>edical Safety Officer  |          | Me                                    | emc     | tem      |            |            |         |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)                        | Aggregate   | ]                     |   |          |                                       |         |          |            |            |         |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)                                  |   |                       | •••••   |          |                                       |         | ,        | , ,        | 225.0      | 00      |  |  |  |  |

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| ITEMIZED RECEIPTS  |                      | Use separate schedule(s)  | (check only      | y one)                     |            |                     |              |  |  |  |  |  |  |
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| II ENILED KEGEIP13   |                      | for each category of the<br>Detailed Summary Page               | X 11a            | 11b                        | 11c        | 12                  | <b></b>      |  |  |  |  |  |  |
| Any information copied from such Reports a                               |                      |   |                  |                            |            |                     |              |  |  |  |  |  |  |
| or for commercial purposes, other than usin                              | y the name and a     | aduress of any political committee                              | e to solicit cor | ntridutions 1              | rom such   | n committe          | <del>.</del> |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>GE HealthCare Technologie                 | e Inc DAC            |   |                  |                            |            |                     |              |  |  |  |  |  |  |
|  |                      |   |                  |                            |            |                     |              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Khandaker, Jahidul, , , | e Initial) or Full C | Date of   | Beceint          |                            |            |                     |              |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | Bato 0.          | Date of Receipt            |            |                     |              |  |  |  |  |  |  |
|  |                      |   | 07               |                            |            |                     |              |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661   |                  | action ID :<br>t of Each F |            |                     | 59AB06I      |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                    |   |                  |                            |            | 208.0               | )0           |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>ef Information Officer, GE Healthc  |                  | emo Item                   |            |                     |              |  |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date ▼  |                  |                            |            |                     |              |  |  |  |  |  |  |
| Other (specify) ▼  |                      | 2288.00   | ]                |                            |            |                     |              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Khandaker, Jahidul, , , | e Initial) or Full C | Organization Name   | Date of Receipt  |                            |            |                     |              |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | M M<br>08        | / D 25                     | ) / Y      | 2023                | Y            |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661   |                  | action ID :<br>t of Each F |            |                     | )B9B0F(      |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                    |   |                  |                            |            | 208.0               | 0            |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | cupation (for Individual)<br>ef Information Officer, GE Healtho |                  | emo Item                   |            |                     |              |  |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date ▼  |                  |                            |            |                     |              |  |  |  |  |  |  |
| Other (specify)  |                      | 2288.00   | ]                |                            |            |                     |              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Khandaker, Jahidul, , , | e Initial) or Full C | Organization Name   | Date of          | Receipt                    |            |                     |              |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | м м<br>09        | / D 22                     |            | 2023                | Y            |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661   |                  | action ID :                |            | -                   | 058471       |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С                    |   | Amount           | t of Each F                | leceipt th | nis Period<br>208.0 | )0           |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>ef Information Officer, GE Healthc  |                  | emo Item                   |            |                     |              |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate            | Year-to-Date ▼<br>2288.00                                       | ]                |                            |            |                     |              |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                                 | l)                   |   |                  |                            | . ,        | 624.0               | 0            |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page               |         |  |       | 11b           | 11c              | 12                            |         |  |  |  |  |
| Any information copied from such Reports                                | and Statements ma   | A not be sold or used by any p                                  | erson 1 | 13<br>for the  | pur   | 14<br>pose of | 15<br>soliciting | 16<br>g contribu              | Itions  |  |  |  |  |
| or for commercial purposes, other than usi                              | ng the name and a   | ddress of any political committee                               | e to so | licit cor  | ntrib | utions 1      | from suc         | n commit                      | tee.    |  |  |  |  |
|   |   |   |         |  |       |               |                  |                               |         |  |  |  |  |
| GE HealthCare Technologi  | es Inc. PAC   |   |         |  |       |               |                  |                               |         |  |  |  |  |
| • • • •   | Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>andaker, Jahidul, , , |   |         |  |       |               |                  |                               |         |  |  |  |  |
| Mailing Address 500 West Monroe Street                                  | et  |   |         | Date of Receipt<br>10 20 2023<br>Transaction ID : 599C2002EEE04B508B3E<br>Amount of Each Receipt this Period |       |               |                  |                               |         |  |  |  |  |
|   |   |   |         |  |       |               |                  |                               |         |  |  |  |  |
| City<br>Chicago   | State<br>IL   | Zip Code<br>60661   |         |  |       |               |                  |                               |         |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С   |   |         |  |       |               |                  |                               |         |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |   | upation (for Individual)<br>ef Information Officer, GE Healthc  | a       | M  | emo   | ltem          |                  |                               |         |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate   | Year-to-Date ▼<br>2288.00                                       | ]       |  |       |               |                  |                               |         |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Khandaker, Jahidul, , , | dle Initial) or Full C  | organization Name   |         | Date of  | f Re  | ceipt         |                  |                               |         |  |  |  |  |
| Mailing Address 500 West Monroe Stree                                   | t   |   |         | M M<br>11  | /     | D 17          | ) / Y            | 2023                          | Ŷ       |  |  |  |  |
| City<br>Chicago   | b State Zip Code<br>IL 60661  |   |         |  |       |               |                  | <b>73993942</b><br>his Period |         |  |  |  |  |
| FEC ID number of contributing federal political committee.              | С   |   |         |  |       |               | 1 - 90-          | 208.                          | _       |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |   | upation (for Individual)<br>ef Information Officer, GE Healthc  | a       | M  | emo   | Item          |                  |                               |         |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate   | Year-to-Date ▼<br>2288.00                                       |         |  |       |               |                  |                               |         |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Khandaker, Jahidul, , , | dle Initial) or Full C  | Prganization Name   |         | Date of  | f Re  | ceipt         |                  |                               |         |  |  |  |  |
| Mailing Address 500 West Monroe Stree                                   | et  |   |         | <sup>M</sup> M   | 1     | 15            |                  | y y<br>2023                   | Y       |  |  |  |  |
| City<br>Chicago   | State<br>IL   | Zip Code<br>60661   |         |  |       |               |                  | 11C43948<br>his Period        | 8D796A2 |  |  |  |  |
| FEC ID number of contributing federal political committee.              | C   |   |         | _:   |       | , i           | ,                | 208.                          | .00     |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |   | upation (for Individual)<br>ef Information Officer, GE Healthca | a       | M  | emc   | tem           |                  |                               |         |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate   | Year-to-Date ▼<br>2288.00                                       |         |  |       |               |                  |                               |         |  |  |  |  |
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| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)                          |      | eck only one)   |        |          |            |                              |                |  |  |  |  |  |
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| II EIVIIZED KEGEIPIS   |                    | for each category of the<br>Detailed Summary Page |      | 11a             |        | 11b      | 11c        | 12                           | <b></b>        |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t |                    |   |      |                 | purp   |          |            |                              |                |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                    | duress of any political committee                 | 0 30 |                 | TITIDU |          | IOIII Suc  |                              | liee.          |  |  |  |  |  |
| GE HealthCare Technologies   | Inc. PAC           |   |      |                 |        |          |            |                              |                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Kirschner, Daniel, , ,                      | Initial) or Full C | Prganization Name                                 |      | Date of         | f Red  | ceipt    |            |                              |                |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |      | Date of Receipt |        |          |            |                              |                |  |  |  |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                 |      |                 |        |          |            |                              |                |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   |      |                 |        | ,        |            | 416                          | .00            |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>Global Real Estate    |      | Me              | emo    | Item     |            |                              |                |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>3744.00                         | ]    |                 |        |          |            |                              |                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Kirschner, Daniel, , ,                      | Initial) or Full C | organization Name                                 |      | Date of         | f Red  | ceipt    |            |                              |                |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |      | м м<br>08       | 1      | 25       | / Y        | ү ү<br>2023                  | Y              |  |  |  |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                 |      |                 |        |          |            | <b>1594B94</b><br>nis Period | <b>01A966E</b> |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | С                  |   |      | <u> </u>        |        | y        |            | 416                          | .00            |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>Global Real Estate    |      | Me              | emo    | Item     |            |                              |                |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>3744.00                         | ]    |                 |        |          |            |                              |                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Kirschner, Daniel, , ,                      | Initial) or Full C | organization Name                                 |      | Date of         | f Red  | ceipt    |            |                              |                |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |      | <sup>M</sup> 09 | /      | D D D 22 | / Y        | 2023 Y                       | Y              |  |  |  |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                 |      |                 |        | -        |            | 73072D4                      | 5E7A43C        |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C                  |   |      | <u> </u>        |        | y        | , <u>,</u> | 416                          | .00            |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>Global Real Estate    |      | M               | emo    | ltem     |            |                              |                |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>3744.00                         | ]    |                 |        |          |            |                              |                |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   | ,<br>              |   |      |                 |        | y        | . ,        | 1248                         | .00            |  |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

- 10

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## 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)

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|             |   |                   | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 11 \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |  |  |
|-------------|---|-------------------|---|---|--|--|--|--|--|--|--|--|--|--|
|             |   |                   |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                      |  |  |  |  |  |  |  |  |  |  |
| N /         | AME OF COMMITTEE (In Full)  |                   |   |   |  |  |  |  |  |  |  |  |  |  |
| $\rangle$ ( | GE HealthCare Technologies  | Inc. PAC          |   |   |  |  |  |  |  |  |  |  |  |  |
| A           | ull Name of Individual (Last, First, Middle I<br>Kirschner, Daniel, , ,<br>Iailing Address 500 West Monroe Street | nitial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|             | ity   | State             | Zip Code  |   |  |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL                | 60661   | Transaction ID : 0C89084581FF4470BFDE   |  |  |  |  |  |  |  |  |  |  |
| _           | -   |                   |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|             | EC ID number of contributing<br>deral political committee.  | C                 |   | 416.00  |  |  |  |  |  |  |  |  |  |  |
| N           | ame of Employer (for Individual)  | Осси              | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|             | E Healthcare  |                   | Global Real Estate                                | -   |  |  |  |  |  |  |  |  |  |  |
| R           | eceipt For:   | Aggregate         | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |  |  |  |
|             | Primary General   | Aggrogato         |   |   |  |  |  |  |  |  |  |  |  |  |
|             | Other (specify) ▼   |                   | 3744.00   | ]   |  |  |  |  |  |  |  |  |  |  |
|             | ull Name of Individual (Last, First, Middle I<br>Kirschner, Daniel, , ,   | nitial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| N           | lailing Address 500 West Monroe Street  |                   |   | 11 17 2023  |  |  |  |  |  |  |  |  |  |  |
| C           | ity   | State             | Zip Code  | Transaction ID : 7900EF5B1B5445A0BC   |  |  |  |  |  |  |  |  |  |  |
| C           | Chicago   | IL                | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|             | EC ID number of contributing<br>deral political committee.  | С                 |   | 416.00  |  |  |  |  |  |  |  |  |  |  |
| N           | ame of Employer (for Individual)  | 000               | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|             | E Healthcare  |                   | Global Real Estate                                |   |  |  |  |  |  |  |  |  |  |  |
| _           | eceipt For:   | 1                 |   | —   |  |  |  |  |  |  |  |  |  |  |
|             | Primary General   | Aggregate         | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |  |  |  |
|             | Other (specify) <b>v</b>  |                   | 3744.00   | ]   |  |  |  |  |  |  |  |  |  |  |
|             | ull Name of Individual (Last, First, Middle I<br>Kirschner, Daniel, , ,   | nitial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| N           | lailing Address 500 West Monroe Street  |                   |   | 12 15 2023  |  |  |  |  |  |  |  |  |  |  |
| C           | ity   | State             | Zip Code  | Transaction ID : 3CF5EC6D17864AEE9A   |  |  |  |  |  |  |  |  |  |  |
| _(          | Chicago   | IL                | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|             | EC ID number of contributing<br>deral political committee.  | С                 |   | 416.00  |  |  |  |  |  |  |  |  |  |  |
|             | ame of Employer (for Individual)<br>E Healthcare  |                   | ipation (for Individual)<br>Global Real Estate    | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| R           | eceipt For:   | Aggregate         | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |  |  |  |
|             | Primary General<br>Other (specify)  |                   | 3744.00   | ]   |  |  |  |  |  |  |  |  |  |  |
| SU          | BTOTAL of Receipts This Page (optional)   |                   |   | 1248.00   |  |  |  |  |  |  |  |  |  |  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

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| IT.         |  |              | Use separate schedule(s)   | (che            | eck only  | / on | e)      |     |     |             |         |    |  |  |
|-------------|--|--------------|--|-----------------|---|------|---------|-----|-----|-------------|---------|----|--|--|
| 111         | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page                      |                 | 11a   |      | 11b     | 11c |     | 12          | _       |    |  |  |
| A           | uniformation capital from such Departs and Oto   | tomorte      | hu not be cold or used by severe                                       |                 | 13  |      | 14      | 15  |     | 16          | 17      |    |  |  |
|             | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |  |                 |   |      |         |     |     |             |         |    |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |              |  |                 |   |      |         |     |     |             |         |    |  |  |
|             | GE HealthCare Technologies Inc   | . PAC        |  |                 |   |      |         |     |     |             |         |    |  |  |
| А.          | Full Name of Individual (Last, First, Middle Initial Kothapalli, Ramachandra, Rao, ,               | l) or Full O | rganization Name   |                 | Date of   | Re   | ceipt   |     |     |             |         |    |  |  |
|             | Mailing Address 500 West Monroe Street   |              |  |                 | M M / D D / Y Y Y Y Y   |      |         |     |     |             |         |    |  |  |
|             | City   | State        | Zip Code   | -               | 12     15     2023       Transaction ID : 01D1F058D836429092CA       Amount of Each Receipt this Period |      |         |     |     |             |         |    |  |  |
|             | Chicago  | IL           | 60661  |                 |   |      |         |     |     |             |         |    |  |  |
|             | FEC ID number of contributing<br>federal political committee.                                      | С            |  | 20.00           |   |      |         |     |     |             |         |    |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare   |              | upation (for Individual)<br>Ility & Reliability Program Managel        | r               | Me  | emo  | Item    |     |     |             |         |    |  |  |
|             | Receipt For:   |              | Year-to-Date ▼   |                 |   |      |         |     |     |             |         |    |  |  |
|             | Primary General<br>Other (specify) ▼   |              | 220.00   |                 |   |      |         |     |     |             |         |    |  |  |
| в.          | Full Name of Individual (Last, First, Middle Initial<br>Kranitz, Rachel, Ann, ,                    | l) or Full O | rganization Name   | Date of Receipt |   |      |         |     |     |             |         |    |  |  |
|             | Mailing Address 500 West Monroe Street   |              |  |                 | 12 <sup>M</sup>   | /    | D<br>15 |     | Y 2 | 2023        | Y       |    |  |  |
|             | City<br>Chicago  | State<br>IL  | Transaction ID : CEE88972A8C94D6797 Amount of Each Receipt this Period |                 |   |      |         |     |     |             |         |    |  |  |
|             | FEC ID number of contributing<br>federal political committee.                                      | С            | ů – Li – L                               |                 |   |      |         | ,   |     |             | 20.0    | 00 |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare   |              | upation (for Individual)<br>ior Manager - Lease Accounting             |                 | Me  | emo  | Item    |     |     |             |         |    |  |  |
|             |  | Aggregate    | Year-to-Date ▼   |                 |   |      |         |     |     |             |         |    |  |  |
|             | Primary General<br>Other (specify) ▼   |              | 220,00   |                 |   |      |         |     |     |             |         |    |  |  |
|             | Full Name of Individual (Last, First, Middle Initial<br>Kulka, John, A., ,                         | l) or Full O | rganization Name   |                 | Data af   | D    |         |     |     |             |         |    |  |  |
| C.          | Mailing Address 500 West Monroe Street   |              |  |                 | Date of   | Re   | 28      |     |     | y y<br>2023 | Y       |    |  |  |
|             | City   | State        | Zip Code   | -               | _   | acti |         | - 1 |     | - 1 - C     | 7B28856 |    |  |  |
|             | Chicago  | IL           | 60661  |                 | Amount  |      |         |     |     |             | 220000  |    |  |  |
|             | FEC ID number of contributing<br>federal political committee.                                      | С            |  | 208.00          |   |      |         |     |     |             |         |    |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare   | Occi<br>Chie |  | M               | emo   | Item |         |     |     |             |         |    |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Year-to-Date ▼<br>2303.00  |                 |   |      |         |     |     |             |         |    |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |              |  |                 |   |      |         |     |     | 248.0       | 00      |    |  |  |

TOTAL This Period (last page this line number only)...... 1 1 4p 1 1 4p 1 1 4p 1

Use separate schedule(s)

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| IТ                    | EMIZED RECEIPTS   |                 | Use separate schedule(s)                                  | (check   | only            | one)       | )                    |           |          |         |  |  |  |  |
|-----------------------|---|-----------------|---|--|-----------------|------------|----------------------|-----------|----------|---------|--|--|--|--|
| 11                    |   |                 | for each category of the<br>Detailed Summary Page         |  | 1a<br>3         | 1          | 1b                   | 11c<br>15 | 12<br>16 | 17      |  |  |  |  |
|                       | y information copied from such Reports and S for commercial purposes, other than using the                        |                 |   | erson for  | the             | purpo      | se of so             | liciting  | contribu | tions   |  |  |  |  |
| <u>,</u>              | NAME OF COMMITTEE (In Full)   |                 |   | 10 00110   |                 |            |                      |           |          |         |  |  |  |  |
| $\left \right\rangle$ | GE HealthCare Technologies Ir   | nc. PAC         |   |  |                 |            |                      |           |          |         |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Init<br>Kulka, John, A., ,   | tial) or Full O | Drganization Name   | Date of Receipt  |                 |            |                      |           |          |         |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |                 |   | M  | 08 25 2023      |            |                      |           |          |         |  |  |  |  |
|                       | City<br>Chicago   | State<br>IL     | Zip Code<br>60661   | Transaction ID : B945400B4DCF41B3BF2<br>Amount of Each Receipt this Period |                 |            |                      |           |          |         |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С               |   |  |                 |            |                      | -<br>-    | 208.     | 00      |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |                 | eupation (for Individual)<br>ef Financial Officer, USCAN  | 1 0  | Me              | emo li     | tem                  |           |          |         |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>2303.00                                 |  |                 |            |                      |           |          |         |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Init<br>Kulka, John, A., ,<br>Mailing Address 500 West Monroe Street | tial) or Full O | Organization Name   |  |                 | Rece       |                      |           | - V V -  | Y       |  |  |  |  |
|                       | Maining Address 500 West Monroe Street  |                 |   | M  | 09 <sup>M</sup> |            | 22                   | / Y       | 2023     | Y       |  |  |  |  |
|                       | City  | State           | Zip Code  | Т  | ransa           | actior     | ו ID : B4            | 9D56F     | 76BB94   | D9DACF9 |  |  |  |  |
|                       | Chicago   | IL              | 60661   | Arr  | s Period        |            |                      |           |          |         |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С               |   |  |                 | , <u>,</u> |                      | -g        | 208.     | 00      |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |                 | cupation (for Individual)<br>ief Financial Officer, USCAN |  | Me              | emo li     | tem                  |           |          |         |  |  |  |  |
|                       | Receipt For:<br>Primary General   | Aggregate       | Year-to-Date ▼  |  |                 |            |                      |           |          |         |  |  |  |  |
|                       | Other (specify) <b>v</b>  |                 | , 2303.00   |  |                 |            |                      |           |          |         |  |  |  |  |
| C.                    |   | tial) or Full O | Drganization Name   | Da   | te of           | Rece       | eipt                 |           |          |         |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |                 |   | - L  | 10 <sup>M</sup> |            | 20                   |           | 2023     |         |  |  |  |  |
|                       | City<br>Chicago   | State<br>IL     | Zip Code<br>60661   |  |                 |            | n ID : 60<br>ach Rec |           |          | 3B584DC |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С               |   |  | louin           |            |                      | ,         | 208.     |         |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |                 | cupation (for Individual)<br>ef Financial Officer, USCAN  |  | Me              | emo l      | tem                  |           |          |         |  |  |  |  |
|                       | Receipt For:  | Aggregate       | Year-to-Date <b>V</b>                                     |  |                 |            |                      |           |          |         |  |  |  |  |
|                       | Other (specify)   |                 |   |  |                 |            |                      |           |          |         |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                 | •   |  |                 |            |                      | ,         | 624.     | 00      |  |  |  |  |

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| ITE      |  | Use separate schedule(s) |               | (C  | heck only                        | y or   | ne)   |           |            |           |         |  |  |  |  |
|----------|--|--------------------------|---------------|---|----------------------------------|--|-------|-----------|------------|-----------|---------|--|--|--|--|
| 112      | MIZED RECEIPTS   |                          |               | for each category of the<br>Detailed Summary Page     |                                  | X 11a  |       | 11b       | 11c        | 12        | 47      |  |  |  |  |
| Any      | information copied from such Reports and S                             | tatements ma             | l<br>ay r     | not be sold or used by any pe                         | ersor                            | for the  | pur   | pose of   | soliciting | contribut | ions    |  |  |  |  |
| <u> </u> | or commercial purposes, other than using the                           | name and a               | laar          | ess of any political committee                        | 10 8                             | SOLICIT COL  | ntric | outions t | rom sucr   | 1 committ | ee.     |  |  |  |  |
|          |  | 540                      |               |   |                                  |  |       |           |            |           |         |  |  |  |  |
| (        | GE HealthCare Technologies Ir  | IC. PAC                  |               |   |                                  |  |       |           |            |           |         |  |  |  |  |
| F        | ull Name of Individual (Last, First, Middle Init                       | tial) or Full C          | )rga          | nization Name   |                                  |  |       |           |            |           |         |  |  |  |  |
| _        | Kulka, John, A., ,   |                          |               |   |                                  | Date of  | f Re  | eceipt    |            |           |         |  |  |  |  |
| N        | lailing Address 500 West Monroe Street                                 |                          |               |   |                                  | M M / D D / Y Y Y Y Y<br>11 17 2023  |       |           |            |           |         |  |  |  |  |
|          | ity  | State                    |               | Zip Code  | _                                | 11 17 2023   |       |           |            |           |         |  |  |  |  |
|          | Chicago  | IL                       |               | 60661   |                                  | Transaction ID : 4B1F6346FAD34954A719     Amount of Each Receipt this Period |       |           |            |           |         |  |  |  |  |
|          | EC ID number of contributing<br>deral political committee.             | С                        |               |   |                                  |  |       |           |            | 208.0     | 00      |  |  |  |  |
|          | ame of Employer (for Individual)                                       |                          | •             | tion (for Individual)<br>inancial Officer, USCAN      |                                  | M  | emc   | tem       |            |           |         |  |  |  |  |
| _        | eceipt For:  |                          |               | ·   | -                                |  |       |           |            |           |         |  |  |  |  |
|          | Primary General  | Aggregale                | rea           | ar-to-Date 🔻  |                                  |  |       |           |            |           |         |  |  |  |  |
|          | Other (specify)  | L                        | 7             | 2303.00   |                                  |  |       |           |            |           |         |  |  |  |  |
|          | ull Name of Individual (Last, First, Middle Init<br>Kulka, John, A., , | tial) or Full C          | rga           | nization Name   |                                  | Date of  | f Re  | eceipt    |            |           |         |  |  |  |  |
| N        | lailing Address 500 West Monroe Street                                 |                          |               |   | 12 / D D / Y Y Y Y<br>12 15 2023 |  |       |           |            |           |         |  |  |  |  |
| C        | City<br>Chicago  | State                    |               | Zip Code  |                                  | Trans  | acti  | on ID :   | 0DEEA0     | 5C484949  | 24A561  |  |  |  |  |
|          |  | IL                       |               | 60661   |                                  | Amount   | t of  | Each R    | eceipt th  | is Period |         |  |  |  |  |
|          | EC ID number of contributing<br>deral political committee.             | С                        |               |   | <u> </u>                         |  |       |           | 208.0      | 00        |         |  |  |  |  |
|          | lame of Employer (for Individual)<br>E Healthcare                      |                          |               | tion (for Individual)<br>inancial Officer, USCAN      |                                  | M  | emo   | tem       |            |           |         |  |  |  |  |
| R        | eceipt For:  | Aggregate                | Yea           | ar-to-Date 🔻  |                                  |  |       |           |            |           |         |  |  |  |  |
|          | Primary General<br>Other (specify) ▼                                   |                          | Aggregate Yea |   |                                  | 2303.00  |       |           |            |           |         |  |  |  |  |
|          | ull Name of Individual (Last, First, Middle Init<br>Larson, Betty, , , | tial) or Full C          | )rga          | nization Name   |                                  | Date of  | f Re  | eceipt    |            |           |         |  |  |  |  |
| N        | lailing Address 500 West Monroe Street                                 |                          |               |   |                                  | <sup>M</sup> 07  | /     | 28        | / Y        | 2023      | Y       |  |  |  |  |
|          | ity  | State                    |               | Zip Code  |                                  | Trans  | sact  | ion ID :  | 0D6BC3     | C0A6754   | 0678ECB |  |  |  |  |
| (        | Chicago  | IL                       |               | 60661   | _                                | Amount   | t of  | Each R    | eceipt th  | is Period |         |  |  |  |  |
|          | EC ID number of contributing<br>ederal political committee.            | С                        |               |   |                                  | <u> </u>   |       | <b>,</b>  | , <u>,</u> | 150.0     | 00      |  |  |  |  |
| G        | ame of Employer (for Individual)<br>E Healthcare                       |                          | •             | tion (for Individual)<br>eople Officer, GE Healthcare |                                  | M  | emo   | tem       |            |           |         |  |  |  |  |
| R        | eceipt For:<br>Primary General   | Aggregate                | Yea           | ar-to-Date ▼<br>1800.00                               |                                  |  |       |           |            |           |         |  |  |  |  |
|          | Other (specify)  |                          | -             | 1000.00   |                                  |  |       |           |            |           |         |  |  |  |  |
| SU       | BTOTAL of Receipts This Page (optional)                                |                          |               | ••••••  |                                  |  |       | , .       | . ,        | 566.0     | 00      |  |  |  |  |
|          |  |                          |               |   | -                                |  |       |           |            |           |         |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s)

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| IT        | EMIZED RECEIPTS   |                 | for each category of the                     |         |              |                 | (check only one) |           |             |         |  |  |  |
|-----------|---|-----------------|--|---------|--------------|-----------------|------------------|-----------|-------------|---------|--|--|--|
|           |   |                 | Detailed Summ                                |         | X 11a<br>13  | 11              |                  | 11c<br>15 | 12<br>16    | 17      |  |  |  |
|           | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |  |         | rson for the | purpos          | se of so         | liciting  | contribu    | tions   |  |  |  |
|           | NAME OF COMMITTEE (In Full)   |                 |  |         |              |                 |                  |           |             |         |  |  |  |
|           | GE HealthCare Technologies Ir   | nc. PAC         |  |         |              |                 |                  |           |             |         |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Ini<br>Larson, Betty, , ,                        | tial) or Full C | rganization Name                             |         | Date o       | Date of Receipt |                  |           |             |         |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                 |  |         | M M<br>08    | 1               | D D 25           | / Y       | y y<br>2023 | Y       |  |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661                            |         |              |                 | ID:CO            |           |             | 29B796  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |  |         |              |                 |                  | -         | 150.        | 00      |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individ<br>ef People Officer, G | ,       |              | lemo Ite        | em               |           |             |         |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼                               | 1800.00 |              |                 |                  |           |             |         |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Ini<br>Larson, Betty, , ,                        | tial) or Full C | rganization Name                             |         | Date o       | f Recei         | ipt              |           |             |         |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                 |  |         | 09 22 2023   |                 |                  |           |             |         |  |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661                            |         |              | ID:BF           |                  |           | 01188FC     |         |  |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |  |         |              |                 |                  | -<br>     | 150.        | 00      |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individ<br>ef People Officer, G | ,       | M            | lemo Ite        | em               |           |             |         |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼                               | 1800.00 |              |                 |                  |           |             |         |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Ini<br>Larson, Betty, , ,                        | tial) or Full C | rganization Name                             |         | Date o       | f Recei         | ipt              |           |             |         |  |  |  |
|           | Mailing Address 500 West Monroe Street  |                 |  |         | 10           | JL              | D D D 20         |           | 2023 Y      |         |  |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661                            |         |              |                 | <b>ID:07</b>     | -         |             | D3DA57/ |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.                                 | С               |  |         |              | . ,             |                  | y         | 150.        | 00      |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individ<br>of People Officer, G |         |              | lemo Ite        | em               |           |             |         |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼                               | 1800.00 |              |                 |                  |           |             |         |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                 |  | •••••   |              | . ,             |                  | ,         | 450.0       | 00      |  |  |  |
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Use separate schedule(s)

FOR LINE NUMBER:

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| IT.        | TEMIZED RECEIPTS  |                 |                   | Use separate schedule(s) (<br>for each category of the |            |                 |      | (check only one) |           |          |          |        |  |  |
|------------|---|-----------------|-------------------|--|------------|-----------------|------|------------------|-----------|----------|----------|--------|--|--|
| 11         |   |                 |                   | or each category of the<br>Detailed Summary Page       |            | ✓ 11a<br>13     |      | 11b<br>14        | 11c<br>15 | 12       |          | 17     |  |  |
|            | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |                   |  |            |                 |      |                  |           |          |          |        |  |  |
|            | NAME OF COMMITTEE (In Full)   |                 |                   |  |            |                 |      |                  |           |          |          |        |  |  |
|            | GE HealthCare Technologies Ir   | nc. PAC         |                   |  |            |                 |      |                  |           |          |          |        |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Ini<br>Larson, Betty, , ,                        | tial) or Full C | Orgar             | nization Name  |            | Date of Receipt |      |                  |           |          |          |        |  |  |
|            | Mailing Address 500 West Monroe Street  |                 |                   |  |            | M M<br>11       | /    | D D<br>17        | / Y       | y<br>202 | у ү<br>З |        |  |  |
|            | City<br>Chicago   | State<br>IL     |                   | Zip Code<br>60661                                      |            |                 |      |                  | 08B587    |          |          | 81B944 |  |  |
|            | FEC ID number of contributing federal political committee.                                    | С               |                   |  | 150.00     |                 |      |                  |           |          |          |        |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare  |                 | •                 | ion (for Individual)<br>cople Officer, GE Healthcare   |            | M               | lem  | o Item           |           |          |          |        |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Yea               | r-to-Date ▼<br>1800.00                                 |            |                 |      |                  |           |          |          |        |  |  |
| в.         | Full Name of Individual (Last, First, Middle Ini<br>Larson, Betty, , ,                        | tial) or Full C | Orgar             | nization Name  |            | Date o          | f Re | eceipt           |           |          |          |        |  |  |
|            | Mailing Address 500 West Monroe Street  |                 |                   |  | 12 15 2023 |                 |      |                  |           |          |          |        |  |  |
|            | City<br>Chicago   | State<br>IL     | Zip Code<br>60661 |  |            |                 |      | BEB4EB           |           |          | 21ADA2   |        |  |  |
|            | FEC ID number of contributing federal political committee.                                    | C               |                   |  |            |                 |      |                  | 1         | 50.00    |          |        |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare  |                 |                   | ion (for Individual)<br>eople Officer, GE Healthcare   |            | M               | lem  | o Item           |           |          |          |        |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Yea               | r-to-Date ▼<br>1800.00                                 |            |                 |      |                  |           |          |          |        |  |  |
| <u></u> с. | Full Name of Individual (Last, First, Middle Ini<br>Lauth, Jenny, , ,                         | tial) or Full C | Orgar             | nization Name  |            | Date o          | f Re | eceipt           |           |          |          |        |  |  |
|            | Mailing Address 500 West Monroe Street  |                 |                   |  |            | 07              | /    | 28               | / Y       | 2023     |          | ]      |  |  |
|            | City<br>Chicago   | State<br>IL     |                   | Zip Code<br>60661                                      |            |                 |      |                  | CF66B3    |          |          | 1AEB0  |  |  |
|            | FEC ID number of contributing federal political committee.                                    | С               |                   |  |            | Ľ.              |      | y                | , ,       | 2        | 08.00    |        |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare  |                 | •                 | ion (for Individual)<br>curities and Governance Cour   | ns         | N               | lem  | o Item           |           |          |          |        |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Yea               | r-to-Date ▼<br>2080.00                                 |            |                 |      |                  |           |          |          |        |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |                 |                   | •••••  |            |                 | I    | ,                |           | 5        | 08.00    |        |  |  |
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Use separate schedule(s)

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| IT.     | EMIZED RECEIPTS   |                 | Use separate schedule(s)                                    | (check only one)   |  |  |  |  |  |  |  |  |
|---------|---|-----------------|---|--|--|--|--|--|--|--|--|--|
|         |   |                 | for each category of the<br>Detailed Summary Page           | X         11a         11b         11c           13         14         15 | 12<br>16 17  |  |  |  |  |  |  |  |
|         | y information copied from such Reports and S for commercial purposes, other than using the                      |                 |   |  |  |  |  |  |  |  |  |  |
|         | NAME OF COMMITTEE (In Full)   |                 |   |  |  |  |  |  |  |  |  |  |
|         | GE HealthCare Technologies Ir   | nc. PAC         |   |  |  |  |  |  |  |  |  |  |
| Α.      | Full Name of Individual (Last, First, Middle Ini<br>Lauth, Jenny, , ,   | tial) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|         | Mailing Address 500 West Monroe Street  |                 |   | M M / D D / Y<br>08 25   | 2023   |  |  |  |  |  |  |  |
|         | City<br>Chicago   | State<br>IL     | Zip Code<br>60661   |  | Transaction ID : 1DDEE883EB9F45C69B8<br>Amount of Each Receipt this Period |  |  |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | С               |   |  | 208.00   |  |  |  |  |  |  |  |
|         | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>ef Securities and Governance C  | un:  |  |  |  |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>2080.00                                   | ]  |  |  |  |  |  |  |  |  |
| в.      | Full Name of Individual (Last, First, Middle Ini<br>Lauth, Jenny, , ,<br>Mailing Address 500 West Monroe Street | tial) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|         | City  | State           | Zip Code  | 09 22 2023<br>Transaction ID : F0E4E13451144E658C0                       |  |  |  |  |  |  |  |  |
|         | Chicago   | IL              | 60661   | Amount of Each Receipt t   |  |  |  |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | С               |   |  | 208.00   |  |  |  |  |  |  |  |
|         | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>ef Securities and Governance C  | Memo Item  |  |  |  |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>2080.00                                   | ]  |  |  |  |  |  |  |  |  |
| <u></u> | Full Name of Individual (Last, First, Middle Ini<br>Lauth, Jenny, , ,   | tial) or Full C | Organization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |
|         | Mailing Address 500 West Monroe Street  |                 |   | 10 / 20 / Y  | 2023   |  |  |  |  |  |  |  |
|         | City<br>Chicago   | State<br>IL     | Zip Code<br>60661   | Transaction ID : B1EC2           Amount of Each Receipt t                |  |  |  |  |  |  |  |  |
|         | FEC ID number of contributing federal political committee.  | С               |   |  | 208.00   |  |  |  |  |  |  |  |
|         | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>of Securities and Governance Co | uns  |  |  |  |  |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>2080.00                                   | ]  |  |  |  |  |  |  |  |  |
| ⊢       | UBTOTAL of Receipts This Page (optional)  |                 |   | · · · · · · · · · · · · · · · · · · ·                                    | 624.00   |  |  |  |  |  |  |  |
| ΙT      | OTAL This Period (last page this line number  | only)           |   |  | 1 1 40 1   |  |  |  |  |  |  |  |

Use separate schedule(s)

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|  | -                    | Use separate schedule(s)                                      | (check o       | nly oi                                | ne)     |            |             |         |  |  |  |  |  |
|--|----------------------|---|----------------|---------------------------------------|---------|------------|-------------|---------|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page             | X 11a          |                                       | 11b     | 11c        | 12          | ,       |  |  |  |  |  |
| Any information copied from such Reports a                             |                      |   |                |                                       |         |            |             |         |  |  |  |  |  |
| or for commercial purposes, other than using                           | g the name and a     | address of any political committee                            | e to solicit c | ontrib                                | outions | from such  | n committe  | ee.     |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                      |   |                |                                       |         |            |             |         |  |  |  |  |  |
| GE HealthCare Technologie  | s Inc. PAC           |   |                |                                       |         |            |             |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Lauth, Jenny, , ,    | e Initial) or Full C | Organization Name   | Date           | Date of Receipt                       |         |            |             |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                 |                      |   | 11             | 11 17 Y Y Y Y<br>11 17 2023           |         |            |             |         |  |  |  |  |  |
| City   | State                | Zip Code  | Trar           | Transaction ID : FEA4B76AF39B479382C6 |         |            |             |         |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amou           | nt of                                 | Each I  | Receipt th | is Period   |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | C                    |   | 208.00         |                                       |         |            |             |         |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                     |                      | upation (for Individual)<br>ef Securities and Governance Cou  |                | Memo                                  | o Item  |            |             |         |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date <b>V</b>   |                |                                       |         |            |             |         |  |  |  |  |  |
| Primary     General       Other (specify) ▼                            |                      | 2080.00   | 1              |                                       |         |            |             |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Lauth, Jenny, , ,    | e Initial) or Full C | Organization Name   | Date           | of Re                                 | eceipt  |            |             |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                 |                      |   |                | 12 15 2023                            |         |            |             |         |  |  |  |  |  |
| City   | State                |   |                |                                       |         |            | 53DA504E    | 38FB670 |  |  |  |  |  |
| Chicago  | IL                   | IL 60661  |                |                                       |         | Receipt th | is Period   |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | C                    |   |                |                                       | -yr-    | -          | 208.0       | 00      |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                     |                      | cupation (for Individual)<br>ef Securities and Governance Cou |                | Memo                                  | o Item  |            |             |         |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date <b>V</b>   |                |                                       |         |            |             |         |  |  |  |  |  |
| Primary General<br>Other (specify) ▼                                   |                      | , 2080.00   | 1              |                                       |         |            |             |         |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Letson, Hilarie, , , | e Initial) or Full C | Organization Name   | Date           | of Re                                 | eceipt  |            |             |         |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                 |                      |   | 07             |                                       | 28      |            | y y<br>2023 | Y       |  |  |  |  |  |
| City   | State                | Zip Code  | Tra            | nsact                                 | ion ID  | : 068768E  | 3D7B9141    | 04BB58  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amou           | nt of                                 | Each I  | Receipt th | is Period   |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.             | C                    |   |                |                                       | y .     |            | 58.0        | 00      |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                     |                      | upation (for Individual)<br>bal Head of Business Continuity F |                | Memo                                  | o Item  |            |             |         |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate            | Year-to-Date ▼<br>580.00                                      |                |                                       |         |            |             |         |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                | l)                   |   |                |                                       | ,       | , ,        | 474.(       | 00      |  |  |  |  |  |

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|                                | RECEIPTS   |                    | Use separate schedule(s)                                  | ) (c       | check only  | y one)      |                     |                 |                |  |  |  |  |
|--------------------------------|--|--------------------|---|------------|---|-------------|---------------------|-----------------|----------------|--|--|--|--|
|                                |  |                    | for each category of the<br>Detailed Summary Page         |            | X 11a   | 11b         | 11c                 | 12              | <b>_ _ _ _</b> |  |  |  |  |
| Any informatio                 | on copied from such Reports an                     | d Statements ma    | A not be sold or used by an                               | ny persoi  | 13<br>n for the                                     | purpose c   | 15<br>of soliciting | 16<br>contribut | ions           |  |  |  |  |
|                                | cial purposes, other than using                    | me name and a      | audress of any political comm                             | initiee to | SUNCIL COL  | ILLIDULIONS | ITOTTI SUCI         | i committe      | <del>.</del>   |  |  |  |  |
|                                | COMMITTEE (In Full)                                |                    |   |            |   |             |                     |                 |                |  |  |  |  |
|                                | althCare Technologies                              | S INC. PAC         |   |            |   |             |                     |                 |                |  |  |  |  |
| Full Name<br>A. Letson, H      | of Individual (Last, First, Middle<br>Hilarie, , , | Initial) or Full C | Organization Name   |            | Date of   | Receipt     |                     |                 |                |  |  |  |  |
|                                | dress 500 West Monroe Street                       |                    |   |            |   |             |                     |                 |                |  |  |  |  |
|                                |  |                    |   |            | 08 25 2023<br>Transaction ID : B84701A3FE7D4A9F8E18 |             |                     |                 |                |  |  |  |  |
| City<br>Chicago                |  | State              | Zip Code<br>60661   | -          |   |             |                     |                 | \9F8E18        |  |  |  |  |
|                                |  |                    | 00001   |            | Amount  | t of Each   | Receipt th          | is Period       |                |  |  |  |  |
|                                | mber of contributing<br>tical committee.           | С                  |   |            |   |             | -                   | 58.0            | 00             |  |  |  |  |
| Name of E                      | mployer (for Individual)                           | Occ                | upation (for Individual)                                  |            | M   | emo Item    |                     |                 |                |  |  |  |  |
| GE Healtho                     |  | Glo                | bal Head of Business Continu                              | iity Re    |   |             |                     |                 |                |  |  |  |  |
| Receipt Fo                     |  | Aggregate          | Year-to-Date <b>V</b>                                     |            |   |             |                     |                 |                |  |  |  |  |
| Prima                          | , <u> </u>   |                    | 580.00  |            |   |             |                     |                 |                |  |  |  |  |
| Othe                           | r (specify) ▼                                      |                    | 580.00  |            |   |             |                     |                 |                |  |  |  |  |
| Full Name<br>B. Letson, H      | of Individual (Last, First, Middle<br>Hilarie, , , | Initial) or Full C | Organization Name   |            | Date of   | Receipt     |                     |                 |                |  |  |  |  |
|                                | dress 500 West Monroe Street                       |                    |   |            | M M   | / D         | D / Y               | YY              | Y              |  |  |  |  |
|                                |  |                    |   |            | 09  | 22          |                     | 2023            |                |  |  |  |  |
| City                           |  | State              | Zip Code  |            | Trans   | action ID   | : 7780F02           | 9155F4A1        | 6A37E          |  |  |  |  |
| Chicago                        |  | IL                 | 60661   |            | Amount  | t of Each   | Receipt th          | is Period       |                |  |  |  |  |
|                                | mber of contributing tical committee.              | С                  |   |            |   |             | -                   | 58.0            | 00             |  |  |  |  |
| Name of E<br>GE Healtho        | mployer (for Individual)<br>care                   |                    | upation (for Individual)<br>bal Head of Business Continu  | uity Re    | M   | emo Item    |                     |                 |                |  |  |  |  |
| Receipt Fo                     | r:   | Agaregate          | Year-to-Date <b>V</b>                                     |            |   |             |                     |                 |                |  |  |  |  |
| Prima                          |  | 33.23310           |   | - 1        |   |             |                     |                 |                |  |  |  |  |
| Othe                           | r (specify) ▼                                      |                    | 580.00  |            |   |             |                     |                 |                |  |  |  |  |
| Full Name<br><b>C.</b> Letson, | of Individual (Last, First, Middle<br>Hilarie, , , | Initial) or Full C | Organization Name   |            | Date of   | Receipt     |                     |                 |                |  |  |  |  |
| Mailing Add                    | dress 500 West Monroe Street                       |                    |   |            | <sup>M</sup> 10                                     | / D         |                     | 2023            | Y              |  |  |  |  |
| City                           |  | State              | Zip Code  |            | Trans   | action ID   | : 06EEA0            | C6C05A4         | DBD912         |  |  |  |  |
| Chicago                        |  | IL                 | 60661   |            | Amount  | t of Each   | Receipt th          | is Period       |                |  |  |  |  |
|                                | mber of contributing                               | С                  |   |            |   |             |                     | 58.0            | 00             |  |  |  |  |
| iederal poli                   | tical committee.                                   |                    |   |            |   | 9           | y.                  |                 |                |  |  |  |  |
| Name of E<br>GE Healtho        | mployer (for Individual)<br>care                   |                    | upation (for Individual)<br>bal Head of Business Continui | ity Re     | M   | emo Item    |                     |                 |                |  |  |  |  |
| Receipt Fo                     | r:   | Agaregate          | Year-to-Date V  |            |   |             |                     |                 |                |  |  |  |  |
| Prima                          | ary General  |                    |   |            |   |             |                     |                 |                |  |  |  |  |
| Other                          | r (specify)  |                    | 580.00  |            |   |             |                     |                 |                |  |  |  |  |
| SUBTOTAL                       | of Receipts This Page (optional)                   |                    |   | ▶          | Ē   |             |                     | 174.0           | 0              |  |  |  |  |

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| IT.         | EMIZED RECEIPTS   |                            |                        | eparate schedule(s)                               | (check                           | only            | one)                   |                          |                        |               |  |  |
|-------------|---|----------------------------|------------------------|---|----------------------------------|-----------------|------------------------|--------------------------|------------------------|---------------|--|--|
|             |   |                            |                        | ch category of the<br>ed Summary Page             |                                  | 1a<br>3         | 11b<br>14              | 11c                      | 12<br>16               | 17            |  |  |
| An<br>or    | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay not be<br>ddress of | sold or used by any pe<br>any political committee | rson for<br>to solic             | the p<br>t cont | urpose c<br>ributions  | of solicitin<br>from suc | g contribu             | tions<br>:ee. |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                            |                        |   |                                  |                 |                        |                          |                        |               |  |  |
|             | GE HealthCare Technologies Ir   | nc. PAC                    |                        |   |                                  |                 |                        |                          |                        |               |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Ini<br>Letson, Hilarie, , ,                      | tial) or Full C            | rganizatio             | n Name  | Da                               | te of           | Receipt                |                          |                        |               |  |  |
|             | Mailing Address 500 West Monroe Street  |                            |                        |   | IV                               | 11 <sup>M</sup> | / D                    |                          | 2023                   | Y             |  |  |
|             | City<br>Chicago   | State<br>IL                | Zip 0<br>606           |   |                                  |                 |                        |                          | E449CC04<br>his Period | 84185D3       |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С                          |                        |   |                                  |                 |                        |                          | 58.                    | 00            |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            |                        | or Individual)<br>of Business Continuity R        | e                                | Mei             | no Item                |                          |                        |               |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-D              | ate ▼<br>580.00                                   |                                  |                 |                        |                          |                        |               |  |  |
| в.          | Full Name of Individual (Last, First, Middle Ini<br>Letson, Hilarie, , ,                      | tial) or Full C            | rganizatio             | n Name  | Da                               | te of           | Receipt                |                          |                        |               |  |  |
|             | Mailing Address 500 West Monroe Street  |                            | Zip C                  |   | 12 / D D / Y Y Y Y<br>12 15 2023 |                 |                        |                          |                        |               |  |  |
|             | City<br>Chicago   | State<br>IL                |                        |   |                                  |                 | 25888A44<br>his Period | AC685B0                  |                        |               |  |  |
|             | FEC ID number of contributing<br>federal political committee.                                 | C                          |                        |   |                                  |                 |                        |                          | 58.                    | 00            |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            | •                      | or Individual)<br>of Business Continuity R        | ξε [                             | Me              | no Item                |                          |                        |               |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-D              | ate ▼<br>580.00                                   |                                  |                 |                        |                          |                        |               |  |  |
| с.          | Full Name of Individual (Last, First, Middle Ini<br>Li, Zhu, , ,                              | tial) or Full C            | rganizatio             | n Name  | Da                               | te of           | Receipt                |                          |                        |               |  |  |
|             | Mailing Address 500 West Monroe Street  |                            |                        |   | N                                | 07 <sup>M</sup> | / D                    |                          | 2023 Y                 | Y             |  |  |
|             | City<br>Chicago   | State<br>IL                | Zip (<br>606           |   |                                  |                 |                        |                          | bis Period             | 40BFA8F       |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С                          |                        |   |                                  | _               | , i                    | 9                        | 100.                   | 00            |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            | •                      | or Individual)<br>5T Segment                      |                                  | Me              | mo Item                |                          |                        |               |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                  | Year-to-D              | ate ▼<br>1200.00                                  |                                  |                 |                        |                          |                        |               |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |                            |                        | •••••   |                                  |                 | ,                      | 7                        | 216.                   | 00            |  |  |
| т           | OTAL This Period (last page this line number  | only)                      |                        | •••••   |                                  |                 |                        | 1 12                     |                        |               |  |  |

## SCHEDULE A (FEC Form 3X) DEOFIDTO

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| IT.            | EMIZED RECEIPTS   |                 | Use separate so                                   |                   | (ch    | eck onl  | y or   | ne)        |            |                      |         |  |  |
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| 11             |   |                 | for each category of the<br>Detailed Summary Page |                   |        | ✓ 11a<br>13  |        | 11b<br>14  | 11c<br>15  | 12                   | 17      |  |  |
| Ar             | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma    | ay not be sold or u                               | sed by any period | erson  | for the  | purp   | oose of    | soliciting | contribut            | ions    |  |  |
|                | NAME OF COMMITTEE (In Full)   |                 | duress of any point                               |                   | , 10 3 |  |        |            |            |                      |         |  |  |
| $\rangle$      | GE HealthCare Technologies Ir   | nc. PAC         |   |                   |        |  |        |            |            |                      |         |  |  |
| <u>к</u><br>А. | Full Name of Individual (Last, First, Middle Init<br>Li, Zhu, , ,                             | tial) or Full O | rganization Name                                  |                   |        | Date of  | f Re   | ceipt      |            |                      |         |  |  |
|                | Mailing Address 500 West Monroe Street  |                 |   |                   |        | 08   | /      | 25         | ) / Y      | y y<br>2023          | Y       |  |  |
|                | City<br>Chicago   | State<br>IL     | Zip Code<br>60661                                 |                   |        | Transaction ID : A58D8E714B2A4CD6A5A<br>Amount of Each Receipt this Period |        |            |            |                      |         |  |  |
|                | FEC ID number of contributing federal political committee.                                    | C               |   |                   | 100.00 |  |        |            |            |                      |         |  |  |
|                | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individu<br>Global 1.5T Segme        | ,                 |        | М  | emo    | Item       |            |                      |         |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼                                    | 1200.00           |        |  |        |            |            |                      |         |  |  |
| в.             | Full Name of Individual (Last, First, Middle Init<br>Li, Zhu, , ,                             | tial) or Full O | rganization Name                                  |                   | _      | Date of  | f Re   |            |            |                      |         |  |  |
|                | Mailing Address 500 West Monroe Street  |                 |   |                   |        | 09   | 1      | 22         |            | 2023                 | Y       |  |  |
|                | City  | State           | Zip Code  |                   |        |  |        |            | 10A8648    | 8996D1               |         |  |  |
|                | Chicago   | IL              | 60661   | _                 | Amoun  | t of   | Each R | leceipt th | is Period  |                      |         |  |  |
|                | FEC ID number of contributing federal political committee.                                    | С               |   |                   |        | <u> </u>   |        |            |            | 100.0                | 00      |  |  |
|                | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individu<br>, Global 1.5T Segm       | ,                 |        | M  | emo    | Item       |            |                      |         |  |  |
|                | Receipt For:  | Aggregate       | Year-to-Date ▼                                    | 1200.00           | ı.     |  |        |            |            |                      |         |  |  |
|                | Other (specify) <b>v</b>  |                 | , , ,   | 1200.00           |        |  |        |            |            |                      |         |  |  |
| C.             | Full Name of Individual (Last, First, Middle Init   | tial) or Full O | rganization Name                                  |                   |        | Date of  | f Re   | ceipt      |            |                      |         |  |  |
|                | Mailing Address 500 West Monroe Street  | 04-14-          | 7:  |                   |        | 10   |        | 20         |            | 2023                 |         |  |  |
|                | City<br>Chicago   | State<br>IL     | Zip Code<br>60661                                 |                   |        |  |        |            |            | 5E0FCD4<br>is Period | 554A1D3 |  |  |
|                | FEC ID number of contributing federal political committee.                                    | С               |   |                   |        |  |        | ,          |            | 100.0                | 00      |  |  |
|                | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individu<br>Global 1.5T Segme        |                   |        | М  | emo    | tem        |            |                      |         |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼                                    | 1200.00           |        |  |        |            |            |                      |         |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |                 | <del>7   7  </del>                                | · · · · ·         | •      |  |        | y .        |            | 300.0                | 00      |  |  |

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| IT.        | TEMIZED RECEIPTS   |  | Use separate schedule(s)<br>for each category of the |   |                                  | (check only one)  |              |                    |            |                        |         |  |  |  |
|------------|--|--|--|---|----------------------------------|---|--------------|--------------------|------------|------------------------|---------|--|--|--|
|            |  |  | Detailed Summary Page                                |   |                                  | 11a<br>13   |              | 11b<br>14          | 11c<br>15  | 12<br>16               | 17      |  |  |  |
| Ar<br>or   | y information copied from such Reports and S for commercial purposes, other than using the | tatements mana and a                                   | ay no<br>addre                                       | ot be sold or used by any poss of any political committee | erson<br>to so                   | for the<br>plicit cor   | pur<br>ntrik | pose of putions fr | soliciting | j contribu<br>h commit | utions  |  |  |  |
|            | NAME OF COMMITTEE (In Full)  |  |  |   |                                  |   |              |                    |            |                        |         |  |  |  |
|            | GE HealthCare Technologies Ir  | nc. PAC  |  |   |                                  |   |              |                    |            |                        |         |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Init  | tial) or Full C  | rgan   | ization Name  |                                  | Date of Receipt   |              |                    |            |                        |         |  |  |  |
|            | Mailing Address 500 West Monroe Street   |  |  |   |                                  | 11 / D D / Y Y Y Y<br>11 17 2023  |              |                    |            |                        |         |  |  |  |
|            | City<br>Chicago  | State<br>IL  |  | Zip Code<br>60661   |                                  | Transaction ID : 5DDEE46E09964463A421<br>Amount of Each Receipt this Period |              |                    |            |                        |         |  |  |  |
|            | FEC ID number of contributing  |  | -  |   | _                                | Amouni  |              |                    | eceipt ti  | IIS Felloc             |         |  |  |  |
|            | federal political committee.   | С  |  |   |                                  | <u>_</u>  |              |                    |            | 100                    | .00     |  |  |  |
|            | Name of Employer (for Individual)  |  | •  | on (for Individual)                                       |                                  | M   | emo          | o Item             |            |                        |         |  |  |  |
|            | GE Healthcare  | GM   | , Glo  | bal 1.5T Segment  |                                  |   |              |                    |            |                        |         |  |  |  |
|            | Receipt For:   | Aggregate  | Yea  | r-to-Date ▼   |                                  |   |              |                    |            |                        |         |  |  |  |
|            | Primary General<br>Other (specify) ▼   |  |  | 1200.00   |                                  |   |              |                    |            |                        |         |  |  |  |
|            |  |  | -  | 4   |                                  |   |              |                    |            |                        |         |  |  |  |
| _          | Full Name of Individual (Last, First, Middle Ini   | tial) or Full C  | rgan   | ization Name  |                                  | _   |              |                    |            |                        |         |  |  |  |
| В.         | Li, Zhu, , ,   |  |  |   | Date of Receipt                  |   |              |                    |            |                        |         |  |  |  |
|            | Mailing Address 500 West Monroe Street   |  |  |   | 12 / D D / Y Y Y Y<br>12 15 2023 |   |              |                    |            |                        |         |  |  |  |
|            | City   | State  | Zip Code   |   |                                  |   |              |                    |            | C01B55B                |         |  |  |  |
|            | Chicago  | IL   | 60661  | _   | Amount                           | t of  | Each Re      | eceipt th          | nis Perioc | ł                      |         |  |  |  |
|            | FEC ID number of contributing federal political committee.                                 | C  |  |   |                                  |   |              |                    |            | 100                    | .00     |  |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare   | Occupation (for Individual)<br>GM, Global 1.5T Segment |  |   |                                  |   | emo          | o Item             |            |                        |         |  |  |  |
|            | Receipt For:   | Aggregate  | Yea  | r-to-Date ▼   |                                  |   |              |                    |            |                        |         |  |  |  |
|            | Primary General<br>Other (specify) ▼   |  | ,  | 1200.00   |                                  |   |              |                    |            |                        |         |  |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Ini<br>Lombardi, Mark, G, ,                   | tial) or Full C  | rgan   | ization Name  |                                  | Date of   | f Re         | eceipt             |            |                        |         |  |  |  |
|            | Mailing Address 500 West Monroe Street   |  |  |   |                                  | 07 <sup>M</sup>   | /            | D D 28             | / Y        | y y<br>2023            | Y       |  |  |  |
|            | City   | State  |  | Zip Code  |                                  |   |              | -                  |            |                        | 15B8F6F |  |  |  |
|            | Chicago  | IL   |  | 60661   | _                                | Amount  | t of         | Each Re            | eceipt th  | nis Perioc             | ł       |  |  |  |
|            | FEC ID number of contributing federal political committee.                                 | С  |  |   |                                  |   |              | ,                  | y          | 58                     | .00     |  |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare   |  | •  | on (for Individual)<br>Business Leader, HFS               |                                  | M   | emo          | o Item             |            |                        |         |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Yea  | r-to-Date ▼<br>696.00                                     |                                  |   |              |                    |            |                        |         |  |  |  |
| $\vdash$   | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number   |  |  |   |                                  |   |              | y .                | - 9<br>9   | 258.                   | .00     |  |  |  |

Use separate schedule(s)

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| TEMIZED RECEIPTS   |                      | Use separate schedule(s)                             | (check only one) |                                |            |             |        |  |  |
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|  |                      | for each category of the<br>Detailed Summary Page    | X 11a            | 11b                            | 11c        | 12          | 17     |  |  |
| Any information copied from such Reports a<br>or for commercial purposes, other than using |                      |  | person for the   | purpose of                     |            |             |        |  |  |
| NAME OF COMMITTEE (In Full)  |                      | any pointed committee                                |                  |                                |            | Somme       |        |  |  |
| GE HealthCare Technologie  | s Inc. PAC           |  |                  |                                |            |             |        |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Lombardi, Mark, G, ,                     | e Initial) or Full C | Organization Name                                    | Date o           | f Receipt                      |            |             |        |  |  |
| Mailing Address 500 West Monroe Street   |                      |  | 08               | / D D<br>25                    | / Y        | y y<br>2023 | Y      |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661                                    |                  | saction ID : *<br>t of Each Re |            |             | 7AA0CD |  |  |
| FEC ID number of contributing federal political committee.                                 | С                    |  |                  |                                | <b>j</b> - | 58.0        | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>CAN Business Leader, HFS | M                | emo Item                       |            |             |        |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate            | Year-to-Date ▼<br>696.00                             | ]                |                                |            |             |        |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Lombardi, Mark, G, ,                     | e Initial) or Full C | Organization Name                                    | Date o           | f Receipt                      |            |             |        |  |  |
| Mailing Address 500 West Monroe Street   |                      |  | 09               | / D D 22                       | / Y        | y y<br>2023 | Y      |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661                                    |                  | t of Each Re                   |            |             | 7D8794 |  |  |
| FEC ID number of contributing federal political committee.                                 | С                    |  |                  |                                | -          | 58.0        | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>CAN Business Leader, HFS | M                | emo Item                       |            |             |        |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate            | Year-to-Date ▼<br>696.00                             | ]                |                                |            |             |        |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Lombardi, Mark, G, ,                     | e Initial) or Full C | Organization Name                                    | Date o           | f Receipt                      |            |             |        |  |  |
| Mailing Address 500 West Monroe Street   |                      |  | 10               | 20                             |            | y y<br>2023 |        |  |  |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661                                    |                  | saction ID : (                 |            |             | 60FBA  |  |  |
| FEC ID number of contributing federal political committee.                                 | С                    |  |                  | , , , ,                        | y          | 58.0        | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>CAN Business Leader, HFS | N                | lemo Item                      |            |             |        |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate            | Year-to-Date ▼<br>696.00                             | 1                |                                |            |             |        |  |  |
| SUBTOTAL of Receipts This Page (optiona  | l)                   |  |                  | · · · ·                        | 9          | 174.0       | 0      |  |  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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| IT.                   | EMIZED RECEIPTS  |                | Use separate schedule(s)                                      | (check only one) |  |            |             |        |  |  |  |  |  |
|-----------------------|--|----------------|---|------------------|--|------------|-------------|--------|--|--|--|--|--|
| 11                    |  |                | for each category of the<br>Detailed Summary Page             | X 11a            | 11b  | 11c<br>15  | 12<br>16    | 17     |  |  |  |  |  |
| Ar                    | y information copied from such Reports and S                               | tatements ma   | I ay not be sold or used by any p                             | erson for the    | purpose of s   | soliciting | contribut   | ions   |  |  |  |  |  |
| or                    | for commercial purposes, other than using the                              | name and a     | address of any political committee                            | e to solicit co  | ntributions fro  | om such    | committe    | эе.    |  |  |  |  |  |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)  |                |   |                  |  |            |             |        |  |  |  |  |  |
|                       | GE HealthCare Technologies Ir  | IC. PAC        |   |                  |  |            |             |        |  |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Init<br>Lombardi, Mark, G, ,  | ial) or Full C | Organization Name   | Date o           | f Receipt  |            |             |        |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                                     |                |   | M                |  | / Y        | YYY         | Y      |  |  |  |  |  |
|                       | City   | State          | Zip Code  |                  | 11 17 2023   |            |             |        |  |  |  |  |  |
|                       | Chicago  | IL             | 60661   |                  | Transaction ID : C0306FEFB00842F68975 Amount of Each Receipt this Period |            |             |        |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                 | С              |   |                  |  |            | 58.0        | 00     |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare                         |                | upation (for Individual)<br>CAN Business Leader, HFS          | M                | emo Item   |            |             |        |  |  |  |  |  |
|                       | Receipt For:   | Aggregate      | Year-to-Date ▼  |                  |  |            |             |        |  |  |  |  |  |
|                       | Primary General<br>Other (specify) ▼                                       |                | 696.00  | ]                |  |            |             |        |  |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Init<br>Lombardi, Mark, G, ,  | ial) or Full C | Organization Name   | Date o           | f Receipt  |            |             |        |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                                     |                |   | 12               | / D D<br>15  | / Y        | y y<br>2023 | Y      |  |  |  |  |  |
|                       | City   | State          | Zip Code  | Trans            | action ID : 6  | FA7A046    | AF024F      | D3BDBF |  |  |  |  |  |
|                       | Chicago  | IL             | 60661   | Amoun            | t of Each Re   | ceipt this | Period      |        |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                 | С              |   |                  | -  | - 7- 1     | 58.0        | 00     |  |  |  |  |  |
|                       | Name of Employer (for Individual)  | Occ            | cupation (for Individual)                                     | М                | emo Item   |            |             |        |  |  |  |  |  |
|                       | GE Healthcare  | US             | CAN Business Leader, HFS                                      |                  |  |            |             |        |  |  |  |  |  |
|                       | Receipt For:<br>Primary General  | Aggregate      | Year-to-Date 🔻  |                  |  |            |             |        |  |  |  |  |  |
|                       | Other (specify) ▼  |                | , 696.00  | ]                |  |            |             |        |  |  |  |  |  |
| с.                    | Full Name of Individual (Last, First, Middle Init<br>Marcella, Orrin, K, , | ial) or Full C | Organization Name   | Date o           | f Receipt  |            |             |        |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                                     |                |   | <sup>M</sup> 07  | / D D<br>28  | / Y        | y y<br>2023 | Y      |  |  |  |  |  |
|                       | City<br>Chicago  | State<br>IL    | Zip Code<br>60661   |                  | saction ID : D<br>t of Each Re   |            |             | 4A91DC |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                 | С              |   |                  |  |            | 200.0       | 00     |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare                         |                | upation (for Individual)<br>cutive - Government Affairs and P |                  | emo Item   |            |             |        |  |  |  |  |  |
|                       | Receipt For:   | I              | Year-to-Date ▼  |                  |  |            |             |        |  |  |  |  |  |
|                       | Primary General<br>Other (specify)   | Aggregate      | 2400.00   | 1                |  |            |             |        |  |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)                                   |                |   |                  | y  | ,          | 316.0       | 0      |  |  |  |  |  |

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Use separate schedule(s)

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| IT.                        |  |               | Use separate schedule(s)                          | (ch      | neck only   | y on  | e)       | L         |            |          |  |  |  |
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| 11                         |  |               | for each category of the<br>Detailed Summary Page |          | <b>X</b> 11a  |       | 11b      | 11c       | 12         |          |  |  |  |
| ٨.                         | ny information copied from such Reports and Sta                              | tomonte m     | here and ar used by any pr                        |          | 13  |       | 14       | 15        | 16         | 17<br>17 |  |  |  |
|                            | for commercial purposes, other than using the                                |               |   |          |   |       |          |           |            |          |  |  |  |
| $\backslash$               | NAME OF COMMITTEE (In Full)  |               |   |          |   |       |          |           |            |          |  |  |  |
|                            | GE HealthCare Technologies Inc   | c. PAC        |   |          |   |       |          |           |            |          |  |  |  |
| <u> </u>                   | Full Name of Individual (Last, First, Middle Initia                          | al) or Full C | rganization Name                                  |          |   |       |          |           |            |          |  |  |  |
| Α.                         | Marcella, Orrin, K, ,  |               |   | _        | Date of   | Re    |          |           |            |          |  |  |  |
|                            | Mailing Address 500 West Monroe Street                                       |               |   |          | 08  | 1     | 25       | / Y       | 2023       | Y        |  |  |  |
|                            | City   | State         | Zip Code  |          | Trans   | acti  | on ID :  | 61629C    | 2E3B804    | 18DB486  |  |  |  |
|                            | Chicago  | IL            | 60661   | _        | Transaction ID : 61629C2E3B80418DB486<br>Amount of Each Receipt this Period |       |          |           |            |          |  |  |  |
|                            | FEC ID number of contributing federal political committee.                   | С             |   |          |   |       | y        |           | 200.       | 00       |  |  |  |
|                            | Name of Employer (for Individual)  | Occ           | upation (for Individual)                          |          | Me  | emo   | Item     |           |            |          |  |  |  |
|                            | GE Healthcare  | Exe           | cutive - Government Affairs and Pe                | ol       |   |       |          |           |            |          |  |  |  |
|                            | Receipt For:   | Aggregate     | Year-to-Date 🔻                                    |          |   |       |          |           |            |          |  |  |  |
|                            | Primary General<br>Other (specify) ▼   |               | 2400.00   |          |   |       |          |           |            |          |  |  |  |
|                            |  |               |   |          |   |       |          |           |            |          |  |  |  |
| _                          | Full Name of Individual (Last, First, Middle Initia                          | al) or Full C | rganization Name                                  |          |   |       |          |           |            |          |  |  |  |
| B.                         |  |               |   | _        | Date of   | Re    |          |           |            |          |  |  |  |
|                            | Mailing Address 500 West Monroe Street                                       |               |   |          | м м<br>09   | 1     | 22       | / Y       | 2023       | Y        |  |  |  |
|                            | City   | State         | Zip Code  |          | Trans   | actio | on ID :  | C97136I   | 04766246   | D4BDF5   |  |  |  |
|                            | Chicago  | IL            | 60661   |          | Amount  | of    | Each R   | eceipt th | nis Period |          |  |  |  |
|                            | FEC ID number of contributing federal political committee.                   | С             |   |          |   | ,     |          | 200.      | 00         |          |  |  |  |
|                            | Name of Employer (for Individual)  | Occ           | upation (for Individual)                          |          | Me  | emo   | Item     |           |            |          |  |  |  |
|                            | GE Healthcare  | Exe           | ecutive - Government Affairs and P                | 0        |   |       |          |           |            |          |  |  |  |
|                            | Receipt For:   | Aggregate     | Year-to-Date 🔻                                    |          |   |       |          |           |            |          |  |  |  |
|                            | Primary General  | - · · ·       | 2400.00   |          |   |       |          |           |            |          |  |  |  |
|                            | Other (specify) V  |               | ,           |          |   |       |          |           |            |          |  |  |  |
| С.                         | Full Name of Individual (Last, First, Middle Initia<br>Marcella, Orrin, K, , | al) or Full C | rganization Name                                  |          | Date of   | Re    | ceipt    |           |            |          |  |  |  |
|                            | Mailing Address 500 West Monroe Street                                       |               |   |          | 10 <sup>M</sup>   | /     | D D D 20 | JL        | 2023       |          |  |  |  |
|                            | City<br>Chicago  | State<br>IL   | Zip Code<br>60661                                 | $\vdash$ |   |       | -        |           | 2D474F4    |          |  |  |  |
|                            |  |               |   | -        | Amount  | of    | Each R   | eceipt th | nis Period |          |  |  |  |
|                            | FEC ID number of contributing federal political committee.                   | С             |   |          | Ľ.  | _     | , .<br>, | -<br>y    | 200.       | 00       |  |  |  |
|                            | Name of Employer (for Individual)  |               | upation (for Individual)                          |          | M   | emo   | Item     |           |            |          |  |  |  |
| GE Healthcare Receipt For: |  |               | cutive - Government Affairs and Po                |          |   |       |          |           |            |          |  |  |  |
|                            | Primary General  | Aggregate     | Year-to-Date <b>V</b>                             |          |   |       |          |           |            |          |  |  |  |
|                            | Other (specify)  |               | 2400.00   |          |   |       |          |           |            |          |  |  |  |
|                            | —  |               |   |          |   |       |          |           |            |          |  |  |  |
|                            |  |               |   |          |   |       |          |           | 600.       | 00       |  |  |  |
| 5                          | SUBTOTAL of Receipts This Page (optional)                                    |               | •   | -        |   |       | y        | y         | 000.       | 00       |  |  |  |
|                            |  |               |   |          |   |       |          |           |            |          |  |  |  |

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|  | -                  | Use separate schedule(s)  | (check      | only                             | one)    | L         |           |           |          |  |  |  |
|--|--------------------|---|-------------|----------------------------------|---------|-----------|-----------|-----------|----------|--|--|--|
| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page               |             |                                  | 11b     |           | 11c       | 12        | <b>_</b> |  |  |  |
| Any information copied from such Reports and                                 |                    |   |             | the p                            |         | e of sol  |           |           |          |  |  |  |
| or for commercial purposes, other than using                                 | the name and a     | address of any political committee                              | e to solici | t cont                           | ributio | ns from   | such      | committe  | 96.      |  |  |  |
|  |                    |   |             |                                  |         |           |           |           |          |  |  |  |
| GE HealthCare Technologies   | Inc. PAC           |   |             |                                  |         |           |           |           |          |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Marcella, Orrin, K, ,     | Initial) or Full C | Drganization Name   | Dat         | Date of Receipt                  |         |           |           |           |          |  |  |  |
| Mailing Address 500 West Monroe Street                                       |                    |   |             | м<br>11                          | / D     | D<br>17   | / Y       | y<br>2023 | Y        |  |  |  |
| City   | State              | Zip Code  | Т           | ransa                            | ction I | ID : 275  | 647481    | 98744E9   | 7B5C7    |  |  |  |
| Chicago  | IL                 | 60661   | Am          | ount                             | of Eac  | h Rece    | pipt this | s Period  |          |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                  |   |             | 200.00                           |         |           |           |           |          |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                           |                    | cupation (for Individual)<br>acutive - Government Affairs and F | Pol         | Mei                              | no Itei | m         |           |           |          |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date V  |             |                                  |         |           |           |           |          |  |  |  |
| Other (specify) ▼  |                    | 2400.00   | ]           |                                  |         |           |           |           |          |  |  |  |
| Full Name of Individual (Last, First, Middle <b>B.</b> Marcella, Orrin, K, , | Initial) or Full C | Drganization Name   | Dat         | e of                             | Receip  | ot        |           |           |          |  |  |  |
| Mailing Address 500 West Monroe Street                                       |                    |   |             | 12 / D D / Y Y Y Y<br>12 15 2023 |         |           |           |           |          |  |  |  |
| City   | State              | Zip Code<br>60661   |             |                                  |         |           |           |           | 922AE36  |  |  |  |
| Chicago  | IL                 | Am  | ount        | of Eac                           | h Rece  | pipt this | s Period  |           |          |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                  |   |             | _                                | -       |           | -9        | 200.0     | 00       |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                           |                    | cupation (for Individual)<br>ecutive - Government Affairs and I | 20          | Mer                              | mo Ite  | m         |           |           |          |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>   |             |                                  |         |           |           |           |          |  |  |  |
| Other (specify)  |                    | 2400.00   | ]           |                                  |         |           |           |           |          |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Mauro, Karen, Marie, ,    | Initial) or Full C | Drganization Name   | Dat         | e of                             | Receip  | ot        |           |           |          |  |  |  |
| Mailing Address 500 West Monroe Street                                       |                    |   |             | 11 <sup>M</sup>                  | / D     | D<br>17   | / Y       | 2023      | Y        |  |  |  |
| City   | State              | Zip Code  | Т           | ransa                            | ction   | ID : 0C   | BC476     | 9BD3F4    | 78781FE  |  |  |  |
| Chicago  | IL                 | 60661   | Am          | ount                             | of Eac  | h Rece    | ipt this  | s Period  |          |  |  |  |
| FEC ID number of contributing federal political committee.                   | С                  |   |             | _                                | y       |           | 9         | 20.0      | 00       |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                           |                    | upation (for Individual)<br>ancial Crimes Compliance Manage     | er          | Me                               | mo Ite  | m         |           |           |          |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                           | Aggregate          | Year-to-Date ▼<br>230.00  | 1           |                                  |         |           |           |           |          |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                    |                    |   |             |                                  | 7       |           | ,         | 420.0     | 00       |  |  |  |

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| ITEMIZED RECEIPTS  |                      | Use separate schedule(s)                                      | (check on       | (check only one) |                     |                 |            |  |  |  |  |  |  |
|--|----------------------|---|-----------------|------------------|---------------------|-----------------|------------|--|--|--|--|--|--|
| TIEIWIIZED RECEIFIJ  |                      | for each category of the<br>Detailed Summary Page             | X 11a           | 11b              | 11c                 | 12              |            |  |  |  |  |  |  |
| Any information copied from such Reports a                               | nd Statements ma     | l<br>ay not be sold or used by any pe                         | erson for the   | purpose o        | 15<br>If soliciting | 16<br>contribut | 17<br>ions |  |  |  |  |  |  |
| or for commercial purposes, other than usin                              | g the name and a     | address of any political committee                            | to solicit co   | ntributions      | from sucr           |                 | ee.        |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                      |   |                 |                  |                     |                 |            |  |  |  |  |  |  |
| GE HealthCare Technologie  | INC. PAC             |   |                 |                  |                     |                 |            |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Mauro, Karen, Marie, , | e Initial) or Full C | Organization Name   | Date of Receipt |                  |                     |                 |            |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | 12              | 15               |                     | 2023            | Y          |  |  |  |  |  |  |
| City   | State                | Zip Code  |                 | saction ID       |                     | 1               | F5E87D     |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   |                 | t of Each        |                     |                 |            |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                    |   |                 |                  |                     | 20.0            | 00         |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>ancial Crimes Compliance Manage   |                 | lemo Item        |                     |                 |            |  |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date <b>V</b>   |                 |                  |                     |                 |            |  |  |  |  |  |  |
| Other (specify) ▼  |                      | 230.00  |                 |                  |                     |                 |            |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. McKibben, Daniel, C, , | e Initial) or Full C | Organization Name   | Date c          | of Receipt       |                     |                 |            |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | M 12            | / D              |                     | 2023            | Y          |  |  |  |  |  |  |
| City   | State                | Zip Code  | Trans           | saction ID       | : 3A11E89           | 97DB6947        | 2699C5     |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amour           | t of Each        | Receipt th          | is Period       |            |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | С                    |   |                 | -                |                     | 40.0            | 00         |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>gration Leader GEHC Ultrasound    |                 | lemo Item        |                     |                 |            |  |  |  |  |  |  |
| Receipt For:   | Aggregate            | Year-to-Date <b>V</b>   |                 |                  |                     |                 |            |  |  |  |  |  |  |
| Other (specify)  |                      | 205.00  |                 |                  |                     |                 |            |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. McLaughlin, Patty, , , | e Initial) or Full C | Organization Name   | Date c          | of Receipt       |                     |                 |            |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                                   |                      |   | M N<br>08       | / D              |                     | 2023            | Y          |  |  |  |  |  |  |
| City   | State                | Zip Code  |                 | saction ID       |                     |                 | ECB1B      |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amour           | t of Each        | Receipt th          | is Period       |            |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.               | C                    |   |                 |                  | 5                   | 30.0            | 00         |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>lality General Manager, GI & Vasc |                 | lemo Item        |                     |                 |            |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate            | Year-to-Date ▼<br>210.00                                      |                 |                  |                     |                 |            |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                  | ı<br>ıl)             |   |                 | · · · ·          | . ,                 | 90.0            | 0          |  |  |  |  |  |  |

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|            | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|------------|---|----------------|---|---|
|            | y information copied from such Reports and St for commercial purposes, other than using the |                |   | person for the purpose of soliciting contributions<br>te to solicit contributions from such committee.    |
|            | NAME OF COMMITTEE (In Full)   |                |   |   |
| $\rangle$  | GE HealthCare Technologies In   | c. PAC         |   |   |
| Α.         |   | ial) or Full O | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 500 West Monroe Street  |                |   | 07 / <sup>D</sup> D D / <u>Y Y Y Y</u><br>28 2023   |
|            | City  | State          | Zip Code  | Transaction ID : 5E9B7447924345678E2C   |
|            | Chicago   | IL             | 60661   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                  | С              |   | 58.00   |
|            | Name of Employer (for Individual)   | Οςςι           | pation (for Individual)                           | Memo Item   |
|            | GE Healthcare   | Gen            | eral Counsel, USCAN                               |   |
|            | Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |   |
|            | Primary General   | Aggregate      |   | -   |
|            | Other (specify) V   |                | 610.00  | ]   |
| В.         | Full Name of Individual (Last, First, Middle Initi<br>Milbeck, Daniel, S, ,                 | ial) or Full O | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 500 West Monroe Street  |                |   | 08 25 2023  |
|            | City  | State          | Zip Code  | Transaction ID : 2E34D3BEDC2540FBB0F9   |
|            | Chicago   | IL             | 60661   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                  | С              |   | 58.00   |
|            | Name of Employer (for Individual)   | Occi           | upation (for Individual)                          | Memo Item   |
|            | GE Healthcare   |                | eral Counsel, USCAN                               |   |
|            | Receipt For:  |                | ,   |   |
|            | Primary General   | Aggregate      | Year-to-Date <b>V</b>                             | _   |
|            | Other (specify) ▼   |                | , 610.00  |   |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initi<br>Milbeck, Daniel, S, ,                 | ial) or Full O | rganization Name                                  | Date of Receipt   |
|            | Mailing Address 500 West Monroe Street  |                |   | 09 / D D / Y Y Y Y<br>22 2023   |
|            | City  | State          | Zip Code  | Transaction ID: 76B38E8F54474BB0B2A5  |
|            | Chicago   | IL             | 60661   | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                  | С              |   | 58.00   |
|            | Name of Employer (for Individual)<br>GE Healthcare  |                | ipation (for Individual)<br>eral Counsel, USCAN   | Memo Item   |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>610.00                          |   |
| s          | UBTOTAL of Receipts This Page (optional)  |                |   | 174.00  |

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|             | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|-------------|---|---------------|---|---|--|--|--|--|--|--|--|--|--|
|             | y information copied from such Reports and St<br>for commercial purposes, other than using the                        |               |   |   |  |  |  |  |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |               |   |   |  |  |  |  |  |  |  |  |  |
|             | GE HealthCare Technologies In   | c. PAC        |   |   |  |  |  |  |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initi<br>Milbeck, Daniel, S, ,<br>Mailing Address 500 West Monroe Street | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Soo west Monibe Street  |               |   | 10 20 2023  |  |  |  |  |  |  |  |  |  |
|             | City  | State         | Zip Code  | Transaction ID : 69423A3C40AF48B5AE34   |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL            | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С             |   | 58.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)   | Occu          | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | GE Healthcare   | Gen           | eral Counsel, USCAN                               |   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:  | Agaregate     | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |  |  |
|             | Primary General   | 00 0          |   | 1   |  |  |  |  |  |  |  |  |  |
|             | Other (specify)   |               | 610.00  |   |  |  |  |  |  |  |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle Initi<br>Milbeck, Daniel, S, ,   | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  |               |   | M M / D D / Y Y Y Y<br>11 17 2023   |  |  |  |  |  |  |  |  |  |
|             | City  | State         | Zip Code  | Transaction ID : D066A05C4AE54F29A97F   |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL            | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С             |   | 58.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)   | Occi          | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | GE Healthcare   | Gen           | eral Counsel, USCAN                               |   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:  | Aggregate     | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
|             | Primary General   |               | C10.00  | 1   |  |  |  |  |  |  |  |  |  |
|             | Other (specify)   |               | 610.00  | 1   |  |  |  |  |  |  |  |  |  |
| С.          | Full Name of Individual (Last, First, Middle Initi<br>Milbeck, Daniel, S, ,   | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  |               |   | M M / D D / Y Y Y Y<br>12 15 2023   |  |  |  |  |  |  |  |  |  |
|             | City  | State         | Zip Code  | Transaction ID : 4AB67796AACE407096C  |  |  |  |  |  |  |  |  |  |
|             | Chicago   | IL            | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С             |   | 58.00   |  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |               | ipation (for Individual)<br>eral Counsel, USCAN   | Memo Item   |  |  |  |  |  |  |  |  |  |
|             | Receipt For:  | Aggregate     | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |  |  |
|             | Primary General<br>Other (specify)  |               | 610.00  | ]   |  |  |  |  |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |               | ••••••  | 174.00  |  |  |  |  |  |  |  |  |  |

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Use separate schedule(s)

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| TEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 11   |  |  |  |  |  |  |  |
|--|----------------------|---|--|--|--|--|--|--|--|--|
|  |                      |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                      |   |  |  |  |  |  |  |  |  |
| GE HealthCare Technologie  | s Inc. PAC           |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Mlenar, Sean, M, , | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                      |   | 07 28 2023   |  |  |  |  |  |  |  |
| City   | State                | Zip Code  | Transaction ID : 89748AD26FE7477F836   |  |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                    |   | 58.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Осси                 | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |
| GE Healthcare  |                      | nsfer Pricing Director                            |  |  |  |  |  |  |  |  |
| Receipt For:   |                      | Year-to-Date ▼                                    | -  |  |  |  |  |  |  |  |
| Primary General  | Aggregate            |   |  |  |  |  |  |  |  |  |
| Other (specify)  | L                    | 696.00  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Mlenar, Sean, M, ,    | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                      |   | 08 25 2023   |  |  |  |  |  |  |  |
| City   | State                | Zip Code  | Transaction ID : 4DB2DBDBD79041F0A8  |  |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                    |   | 58.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)                                    | Occi                 | upation (for Individual)                          | Memo Item  |  |  |  |  |  |  |  |
| GE Healthcare  |                      | nsfer Pricing Director                            |  |  |  |  |  |  |  |  |
| Receipt For:   |                      | Year-to-Date ▼                                    |  |  |  |  |  |  |  |  |
| Primary General  | , 199109410          |   |  |  |  |  |  |  |  |  |
| Other (specify)  |                      | 696.00  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>Mlenar, Sean, M, ,    | e Initial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                               |                      |   | 09 22 2023   |  |  |  |  |  |  |  |
| City   | State                | Zip Code  | Transaction ID : 38302831A71D4C11AC  |  |  |  |  |  |  |  |
| Chicago  | IL                   | 60661   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.           | С                    |   | 58.00  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                   |                      | upation (for Individual)<br>sfer Pricing Director | Memo Item  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate            | Year-to-Date ▼<br>696.00                          |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                              | I)                   | , ,   | 174.00   |  |  |  |  |  |  |  |

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

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Use separate schedule(s)

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| ITEMIZED RECEIPTS   |                       | Use separate schedule(s)                             | (check only one)   |  |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|--|--|--|
| II EIVIIZED KEGEIPIS  |                       | for each category of the<br>Detailed Summary Page    | X 11a 11b 11c 12<br>13 14 15 16  |  |  |  |  |  |  |
|   |                       |  | 13     14     15     16       berson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | g the name and a      | address of any political committee                   |  |  |  |  |  |  |  |
| GE HealthCare Technologie   | es Inc. PAC           |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd                          | le Initial) or Full C | Drganization Name                                    |  |  |  |  |  |  |  |
| A. Mlenar, Sean, M, ,   |                       |  | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                              |                       |  | 10 20 2023   |  |  |  |  |  |  |
| City  | State                 | Zip Code   | Transaction ID : 5988CF3A321142C8B0  |  |  |  |  |  |  |
| Chicago   | IL                    | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | C                     |  | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                       | upation (for Individual)<br>nsfer Pricing Director   | Memo Item  |  |  |  |  |  |  |
| Receipt For:  | Aggregate             | Year-to-Date ▼                                       |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼                                |                       | 696.00   | ]  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Mlenar, Sean, M, , | le Initial) or Full C | Organization Name                                    | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                              |                       |  | M M / D D / Y Y Y Y<br>11 17 2023  |  |  |  |  |  |  |
| City  | State                 | Zip Code   | Transaction ID : CA65FE8ED5C046359I  |  |  |  |  |  |  |
| Chicago   | IL                    | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | С                     |  | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                       | cupation (for Individual)<br>Insfer Pricing Director | Memo Item  |  |  |  |  |  |  |
| Receipt For:  | Aggregate             | Year-to-Date 🔻                                       |  |  |  |  |  |  |  |
| Other (specify)   |                       | , 696.00   | ]  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Mlenar, Sean, M, , | le Initial) or Full C | Organization Name                                    | Date of Receipt  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street                              |                       |  | 12 15 2023   |  |  |  |  |  |  |
| City  | State                 | Zip Code   | Transaction ID : 26A3E9781DDD47CAE   |  |  |  |  |  |  |
| Chicago   | IL                    | 60661  | Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.          | С                     |  | 58.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                  |                       | upation (for Individual)<br>nsfer Pricing Director   | Memo Item  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                  | Aggregate             | Year-to-Date ▼<br>696.00                             |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional                            | al)                   |  | 174.00   |  |  |  |  |  |  |

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#### SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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| IТ                     | TEMIZED RECEIPTS  |                 | Use separate schedule(s)<br>for each category of the |              |            |          | (check only one) |                                       |          |               |       |  |  |
|------------------------|---|-----------------|--|--------------|------------|----------|------------------|---------------------------------------|----------|---------------|-------|--|--|
| 11                     | EIVILLED REVEIPIO   |                 |  | <b>X</b> 11a |            | 11b      | 11c              | 12                                    | Г        | <b>_</b> 1-   |       |  |  |
|                        | y information copied from such Reports and S  |                 |  |              |            |          |                  |                                       |          |               |       |  |  |
| or                     | for commercial purposes, other than using the   | name and a      | address of any political committee                   | e to s       | olicit cor | ntrib    | utions fr        | om such                               | o comm   | ittee         | ł.    |  |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   | _               |  |              |            |          |                  |                                       |          |               |       |  |  |
|                        | GE HealthCare Technologies Ir   | nc. PAC         |  |              |            |          |                  |                                       |          |               |       |  |  |
|                        | Full Name of Individual (Last, First, Middle Ini                                      | tial) or Full O | Organization Name                                    |              |            | _        |                  |                                       |          |               |       |  |  |
| Α.                     | Montgomery, Brian, Christopher, ,   |                 |  | _            | Date of    | Re       | ceipt            |                                       |          |               |       |  |  |
|                        | Mailing Address 500 West Monroe Street  |                 |  |              | м м<br>07  | 1        | D D 28           | / Y                                   | 2023     | Y             | 1 -   |  |  |
|                        | City  | State           | Zip Code   |              | Trans      | acti     | on ID : {        | 536791E                               | 4D4244   | 4 <b>A</b> 61 | 854E  |  |  |
|                        | Chicago   | IL              | 60661  | _            | Amount     | t of     | Each Re          | eceipt th                             | is Peric | bd            |       |  |  |
|                        | FEC ID number of contributing federal political committee.                            | С               |  |              |            | 7        | 7                | 12                                    | 5.00     |               |       |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                    | Occi            |  | M            | emo        | Item     |                  |                                       |          |               |       |  |  |
|                        | Receipt For:  | Angregate       | Year-to-Date ▼                                       |              |            |          |                  |                                       |          |               |       |  |  |
|                        | Primary General   | , iggi eguie    |  | 11.          |            |          |                  |                                       |          |               |       |  |  |
|                        | Other (specify) <b>v</b>  | L               | 1500.00  |              |            |          |                  |                                       |          |               |       |  |  |
| в.                     | Full Name of Individual (Last, First, Middle Ini<br>Montgomery, Brian, Christopher, , | tial) or Full O | Organization Name                                    |              | Date of    | Re       | ceipt            |                                       |          |               |       |  |  |
|                        | Mailing Address 500 West Monroe Street  |                 |  | 08           | /          | D D D 25 | / Y              | 2023                                  | Y        | ]             |       |  |  |
|                        | City  | State<br>IL     | Zip Code   |              |            |          |                  | 15F18A3                               |          |               | BD73  |  |  |
|                        | Chicago   |                 | 60661  | _            | Amount     | t of     | Each Re          | eceipt th                             | is Peric | bd            |       |  |  |
|                        | FEC ID number of contributing federal political committee.                            | С               |  |              | <u> </u>   |          | , .              |                                       | 12       | 5.00          |       |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                    | Occ<br>Chi      |  | M            | emo        | Item     |                  |                                       |          |               |       |  |  |
|                        | Receipt For:  | Aggregate       | Year-to-Date <b>V</b>                                |              |            |          |                  |                                       |          |               |       |  |  |
|                        | Other (specify)   |                 | 1500.00  | ]            |            |          |                  |                                       |          |               |       |  |  |
| <u> </u>               | Full Name of Individual (Last, First, Middle Ini<br>Montgomery, Brian, Christopher, , | tial) or Full O | Organization Name                                    |              | Date of    | Re       | ceipt            |                                       |          |               |       |  |  |
|                        | Mailing Address 500 West Monroe Street  |                 |  |              | 09         | /        | D D D 22         | / Y                                   | 2023     | Y             | ]     |  |  |
|                        | City  | State           | Zip Code   |              |            |          |                  | 47C4899                               |          |               | 3B637 |  |  |
|                        | Chicago   | IL              | 60661  |              | Amount     | t of     | Each Re          | eceipt th                             | is Peric | bd            |       |  |  |
|                        | FEC ID number of contributing federal political committee.                            | С               |  |              | <u> </u>   |          | <del>y</del>     | - <u>1</u>                            | 12       | 5.00          |       |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                    |                 | upation (for Individual)<br>of Strategy Officer      |              | M          | emo      | Item             |                                       |          |               |       |  |  |
|                        | Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate       | Year-to-Date ▼<br>1500.00                            |              |            |          |                  |                                       |          |               |       |  |  |
| s                      | UBTOTAL of Receipts This Page (optional)  |                 | •••••  |              |            |          | 7                | , , , , , , , , , , , , , , , , , , , | 37       | 5.00          |       |  |  |

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| EMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the              | (check only one)  |  |  |  |  |  |  |
|--|-----------------------------------|---|---|--|--|--|--|--|--|
|  |                                   | Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
| ny information copied from such Reports and<br>r for commercial purposes, other than using t | I Statements ma<br>the name and a | ay not be sold or used by any<br>ddress of any political committe | person for the purpose of soliciting contributions<br>tee to solicit contributions from such committee.   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                                   |   |   |  |  |  |  |  |  |
| GE HealthCare Technologies   | Inc. PAC                          |   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Montgomery, Brian, Christopher, ,            | Initial) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                                   |   | 10 20 2023  |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL                       | Zip Code<br>60661   | Transaction ID : 2E0F0FC976FB4D0CA9E<br>Amount of Each Receipt this Period                                |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                                 |   | 125.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>of Strategy Officer                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date ▼<br>1500.00   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle, Montgomery, Brian, Christopher, ,              | Initial) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Montgomery, Brian, Christopher, ,<br>Mailing Address 500 West Monroe Street                  |                                   |   | 11 17 2023  |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL                       | Zip Code<br>60661   | Transaction ID : 4BB8B1DC5B404C8D825<br>Amount of Each Receipt this Period                                |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С                                 |   | 125.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>ef Strategy Officer                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date ▼<br>1500.00   | ]   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle, Montgomery, Brian, Christopher, ,              | Initial) or Full O                | rganization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Street   |                                   |   | 12 15 2023  |  |  |  |  |  |  |
| City<br>Chicago  | State<br>IL                       | Zip Code<br>60661   | Transaction ID : AA221134FD4F48E5A35 Amount of Each Receipt this Period                                   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | C                                 |   | 125.00  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>If Strategy Officer                   | Memo Item   |  |  |  |  |  |  |
| Receipt For:   | Aggregate                         | Year-to-Date ▼<br>1500.00   |   |  |  |  |  |  |  |

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|                        | RECEIPTS   |                    | for each category of the<br>Detailed Summary Page  |           | 11a                        |      | 11b     | 11c          | 12         | 17      |  |  |  |  |
|------------------------|--|--------------------|--|-----------|----------------------------|------|---------|--------------|------------|---------|--|--|--|--|
|                        | on copied from such Reports and rcial purposes, other than using |                    |  |           | for the                    |      | rpose ( | of solicitin | g contribu | utions  |  |  |  |  |
|                        | COMMITTEE (In Full)  |                    |  |           |                            |      |         |              |            |         |  |  |  |  |
|                        | althCare Technologies  | Inc. PAC           |  |           |                            |      |         |              |            |         |  |  |  |  |
| A. Morrisor            | of Individual (Last, First, Middle<br>n, Josephine, J, ,         | Initial) or Full O | ganization Name                                    |           | Date of Receipt            |      |         |              |            |         |  |  |  |  |
| Mailing Ad             | dress 500 West Monroe Street                                     |                    |  |           | 10 / D D / Y Y Y Y<br>2023 |      |         |              |            |         |  |  |  |  |
| City                   |  | State              | Zip Code   |           | Tran                       | sac  | tion ID | : 27D1A2     | 279FD244   | 7459316 |  |  |  |  |
| Chicago                |  | IL                 | 60661  | /         | Amour                      | nt o | f Each  | Receipt t    | his Period | Ł       |  |  |  |  |
|                        | imber of contributing itical committee.                          | С                  |  |           |                            |      | -       | -            | 25         | 5.00    |  |  |  |  |
| Name of E              | Employer (for Individual)  | Occu               | pation (for Individual)                            |           | N                          | lem  | io Item |              |            |         |  |  |  |  |
| GE Health              | care   | VP,                | Digital Field Services                             |           |                            |      |         |              |            |         |  |  |  |  |
| Receipt Fo             | pr:  | Aggregate          | Year-to-Date ▼                                     |           |                            |      |         |              |            |         |  |  |  |  |
| Prim                   | ary General  | 33 - 3 - 4         |  | 11.       |                            |      |         |              |            |         |  |  |  |  |
| Othe                   | r (specify) ▼  |                    | 262.50   |           |                            |      |         |              |            |         |  |  |  |  |
|                        | of Individual (Last, First, Middle n, Josephine, J, ,            | Initial) or Full O | ganization Name                                    |           | Date c                     | of R | leceipt |              |            |         |  |  |  |  |
| Mailing Ad             | dress 500 West Monroe Street                                     |                    |  |           | <sup>™</sup> 11            | 1    | / 1     | D / Y<br>7   | 2023       | Y       |  |  |  |  |
| City                   |  | State              | Zip Code   |           | Trans                      | sac  | tion ID | : D8B783     | 47DC304    | 1CD8E42 |  |  |  |  |
| Chicago                |  | IL                 | 60661  |           |                            |      |         | Receipt t    |            |         |  |  |  |  |
|                        | imber of contributing itical committee.                          | С                  | С  |           |                            |      |         | 25.00        |            |         |  |  |  |  |
| Name of E<br>GE Health | Employer (for Individual)<br>care                                |                    | ipation (for Individual)<br>Digital Field Services | Memo Item |                            |      |         |              |            |         |  |  |  |  |
| Receipt Fo             | pr:  | Aggregate          | Aggregate Year-to-Date ▼                           |           |                            |      |         |              |            |         |  |  |  |  |
| Prim<br>Othe           | ary General<br>r (specify) ▼                                     |                    | 262.50   | 1         |                            |      |         |              |            |         |  |  |  |  |
|                        | of Individual (Last, First, Middle<br>n, Josephine, J, ,         | Initial) or Full O | ganization Name                                    |           | Date c                     | of R | eceipt  |              |            |         |  |  |  |  |
| Mailing Ad             | dress 500 West Monroe Street                                     |                    |  |           | <sup>M</sup> 12            |      | / 1     | D / Y        | 2023       | Y       |  |  |  |  |
| City                   |  | State              | Zip Code   |           | Tran                       | sac  | tion ID | ) : A4FBE    | B16708B    | 41B7A92 |  |  |  |  |
| Chicago                |  | IL                 | 60661  |           | Amour                      | nt o | f Each  | Receipt t    | his Perior | t       |  |  |  |  |
|                        | imber of contributing itical committee.                          | С                  |  |           | _                          |      | , .     |              |            | .00     |  |  |  |  |
| GE Health              |  |                    | pation (for Individual)<br>Digital Field Services  |           | N                          | 1em  | no Item |              |            |         |  |  |  |  |
| Receipt Fo             |  | Aggregate          | Year-to-Date ▼<br>262.50                           | ]         |                            |      |         |              |            |         |  |  |  |  |
| SUBTOTAL               | of Receipts This Page (optional)                                 |                    |  |           |                            |      | 9       | . ,          | 75         | .00     |  |  |  |  |

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|  |                    | Use separate schedule(s)                           | (check only one) |                |           |            |         |  |  |  |
|--|--------------------|--|------------------|----------------|-----------|------------|---------|--|--|--|
| II LIVIIZED KEGEIF13   |                    | for each category of the<br>Detailed Summary Page  | X 11a            | 11b            | 11c<br>15 | 12<br>16   | 17      |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using                   |                    |  | erson for the    | purpose of sc  | liciting  | contributi | ions    |  |  |  |
| NAME OF COMMITTEE (In Full)  |                    |  |                  |                |           |            |         |  |  |  |
| GE HealthCare Technologies   | Inc. PAC           |  |                  |                |           |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Motley, Shannon, , ,                                 | Initial) or Full C | rganization Name                                   | Date of          | Receipt        |           |            |         |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |  |                  |                | / Y       | YY         | Y       |  |  |  |
|  |                    |  | 07               | 28             |           | 2023       |         |  |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                  |                  | action ID:6E   |           |            | F6A653  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |  |                  |                |           | 58.0       | 0       |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>asound Account Manager | Me               | emo Item       |           |            |         |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>696.00                           |                  |                |           |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Motley, Shannon, , ,<br>Mailing Address 500 West Monroe Street | Initial) or Full C | rganization Name                                   | Date of          | Receipt        | / Y       | YY         | Y       |  |  |  |
|  |                    |  | 08               | 25             | L         | 2023       |         |  |  |  |
| City   | State              | Zip Code   | Trans            | action ID : 4D | 876851    | 0C794C     | 318D0D  |  |  |  |
| Chicago  | IL                 | 60661  | Amount           | of Each Rec    | eipt this | s Period   |         |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |  |                  |                | -ge       | 58.0       | 0       |  |  |  |
| Name of Employer (for Individual)  |                    | upation (for Individual)                           | Me               | emo Item       |           |            |         |  |  |  |
| GE Healthcare  | Ultr               | asound Account Manager                             |                  |                |           |            |         |  |  |  |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                     |                  |                |           |            |         |  |  |  |
| Other (specify) ▼  |                    | , 696.00   |                  |                |           |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Motley, Shannon, , ,   | Initial) or Full C | rganization Name                                   | Date of          | Receipt        |           |            |         |  |  |  |
| Mailing Address 500 West Monroe Street   |                    |  | 09               | / D D<br>22    | / Y       | 2023       | Y       |  |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                  |                  | action ID : A8 |           |            | 3C09D76 |  |  |  |
| FEC ID number of contributing  |                    | 00001  | Amount           | of Each Rec    | eipt this |            | _       |  |  |  |
| federal political committee.   | С                  |  |                  | emo Item       | y         | 58.0       | 0       |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>asound Account Manager |                  | ento itenti    |           |            |         |  |  |  |
| Receipt For:   |                    | Year-to-Date V                                     | -                |                |           |            |         |  |  |  |
| Primary General<br>Other (specify)   |                    | 696.00   |                  |                |           |            |         |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |  |                  |                |           | 174.0      | 0       |  |  |  |
|  |                    | •  |                  | 7              | 7         |            |         |  |  |  |

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

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#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page   | ×   | 11a<br>13 |           | 11         | -                             | 11c       | 12  | 17      |
|--|--|---|-----|-----------|-----------|------------|-------------------------------|-----------|---|---------|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   |  |   |     | or the    |           | pos        | se of s                       | oliciting | contribu                                    | tions   |
| NAME OF COMMITTEE (In Full)<br>GE HealthCare Technologies II   | nc. PAC                                  |   |     |           |           |            |                               |           |   |         |
| Full Name of Individual (Last, First, Middle In         Motley, Shannon, , ,         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify)   | State<br>IL<br>Occ<br>Ultra<br>Aggregate | Zip Code<br>60661<br>upation (for Individual)<br>asound Account Manager<br>Year-to-Date ▼<br>696.00 |     | mount     | /<br>acti | ion<br>Ead | 20<br>ID:1<br>ch Re           |           | 2023<br>36A75C4<br>iis Period<br>58.        | D50AC00 |
| Full Name of Individual (Last, First, Middle In         Motley, Shannon, , ,         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify) ▼ | State<br>IL<br>C<br>Occ<br>Ultr          | Zip Code<br>60661<br>upation (for Individual)<br>asound Account Manager<br>Year-to-Date ▼<br>696.00 |     | mount     | /<br>acti | ion<br>Ead | 17<br>1 <b>D : 8</b><br>ch Re |           | 2023<br><b>FD37B4E</b><br>is Period<br>58.  | C9A9F0  |
| Full Name of Individual (Last, First, Middle In         Motley, Shannon, , ,         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify)   | State<br>IL<br>C<br>Occ<br>Ultra         | Zip Code<br>60661<br>upation (for Individual)<br>asound Account Manager<br>Year-to-Date ▼<br>696.00 |     | mount     | /<br>acti | ion<br>Ead | 15<br>1 <b>D : E</b><br>ch Re | 88ED8F    | 2023<br>3 <b>978224</b><br>is Period<br>58. | D21895E |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line number   |  | , , , , , , , , , , , , , , , , , , ,   | ī i | -         | -         | 7          |                               |           | 174.  | 00      |

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|  | -                    | Use separate schedule(s)                                     | (cheo  | (check only one) |       |          |            |            |         |  |  |
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|  |                      | for each category of the<br>Detailed Summary Page            |        | 11a<br>12        |       | 11b      | 11c        | 12         |         |  |  |
| Any information copied from such Reports a<br>or for commercial purposes, other than using |                      |  |        |                  |       |          |            |            |         |  |  |
|  |                      | duress of any political committee                            | 0 501  |                  |       |          |            |            | iee.    |  |  |
| AME OF COMMITTEE (In Full)<br>GE HealthCare Technologie                                    | s Inc. PAC           |  |        |                  |       |          |            |            |         |  |  |
| Full Name of Individual (Last First Middl  | a Initial) or Full C | Vranization Nama   |        |                  |       |          |            |            |         |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Muralidharan, Girish, K, ,               | e initial) or Full C | rganization Name   | D      | ate o            | f Re  | ceipt    |            |            |         |  |  |
| Mailing Address 500 West Monroe Street   |                      |  | I F    | м м<br>07        | /     | 28       | ) / Y      | 2023       | Y       |  |  |
| City   | State                | Zip Code   |        | Trans            | sacti | ion ID : | 25F3FA     | 327A834    | 7E4BF44 |  |  |
| Chicago  | IL                   | 60661  | A      | moun             | t of  | Each R   | leceipt th | nis Period |         |  |  |
| FEC ID number of contributing<br>federal political committee.                              | C                    |  |        |                  |       | -        |            | 50.        | .00     |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>P & GM, Enterprise Imaging and A | .d\    | М                | lemo  | Item     |            |            |         |  |  |
| Receipt For:   | I                    | Year-to-Date ▼   | $\neg$ |                  |       |          |            |            |         |  |  |
| Primary General<br>Other (specify) ▼   | Aggregate            | 550.00   | 1      |                  |       |          |            |            |         |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Muralidharan, Girish, K, ,               | e Initial) or Full C | Organization Name  | D      | ate o            | f Re  | ceipt    |            |            |         |  |  |
| Mailing Address 500 West Monroe Street   |                      |  |        | м м<br>08        | /     | 25       | / Y        | 2023       | Y       |  |  |
| City   | State                | Zip Code   |        | Trans            | sacti | on ID :  | 063FAA     | FAE1F04    | 362A781 |  |  |
| Chicago  | IL                   | 60661  | A      | moun             | t of  | Each F   | leceipt th | nis Period |         |  |  |
| FEC ID number of contributing federal political committee.                                 | C                    |  |        | _                |       |          | - 45-      | 50.        | .00     |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>P & GM, Enterprise Imaging and A | vq.    | М                | lemo  | ltem     |            |            |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate            | Aggregate Year-to-Date ▼<br>550.00                           |        |                  |       |          |            |            |         |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Muralidharan, Girish, K, ,               | e Initial) or Full C | Organization Name  | D      | ate o            | f Re  | ceipt    |            |            |         |  |  |
| Mailing Address 500 West Monroe Street   |                      |  |        | <sup>M</sup> 09  | /     | 22       |            | 2023       | Y       |  |  |
| City   | State                | Zip Code   |        | Trans            | sacti | ion ID : | 7A58B3     | 4D1AD54    | 19B8A29 |  |  |
| Chicago  | IL                   | 60661  | A      | moun             | t of  | Each F   | leceipt th | nis Period | l       |  |  |
| FEC ID number of contributing federal political committee.                                 | C                    |  | ļļ     | _                |       | y .      | . ,        | 50.        | .00     |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)                                     | dv     | M                | lemo  | tem      |            |            |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate            | Year-to-Date ▼<br>550.00                                     |        |                  |       |          |            |            |         |  |  |
| SUBTOTAL of Receipts This Page (optiona  | I)                   | , ,  |        | -                |       | 5        | 5          | 150.       | 00      |  |  |

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FOR LINE NUMBER:

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| 17          | EMIZED RECEIPTS   |                            | Use separate schedule(s) |  |                 |                    |       | (check only one)     |            |                             |                      |  |  |  |
|-------------|---|----------------------------|--------------------------|--|-----------------|--------------------|-------|----------------------|------------|-----------------------------|----------------------|--|--|--|
|             |   |                            |                          | or each category of the<br>Detailed Summary Page               | ×               | 11a<br>13          |       | 11b<br>14            | 11c<br>15  | 12<br>16                    | 17                   |  |  |  |
| An<br>or    | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma<br>name and a | ay no<br>addre           | ot be sold or used by any per<br>ss of any political committee | rson f<br>to so | or the<br>licit co | pur   | pose of<br>outions f | soliciting | g contribi<br>h commi       | utions<br>ttee.      |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                            |                          |  |                 |                    |       |                      |            |                             |                      |  |  |  |
|             | GE HealthCare Technologies Ir   | nc. PAC                    |                          |  |                 |                    |       |                      |            |                             |                      |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Init<br>Muralidharan, Girish, K, ,               | tial) or Full O            | )rgan                    | ization Name   |                 | Date o             | of Re | eceipt               |            |                             |                      |  |  |  |
|             | Mailing Address 500 West Monroe Street  |                            |                          |  |                 | <sup>M</sup> 10    | 1     | 20                   | / Y        | у у<br>2023                 | Y                    |  |  |  |
|             | City<br>Chicago   | State<br>IL                |                          | Zip Code<br>60661  |                 |                    |       |                      |            | 08C79C4                     | <b>14A9063</b>       |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С                          |                          |  |                 |                    |       | -yr. 1               |            | 50                          | .00                  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            | •                        | on (for Individual)<br>GM, Enterprise Imaging and Ad           | \<br>\          | M                  | lemo  | o Item               |            |                             |                      |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Yea                      | r-to-Date ▼<br>550.00  |                 |                    |       |                      |            |                             |                      |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle Init<br>Muralidharan, Girish, K, ,               | tial) or Full O            | rgan                     | ization Name   |                 | Date o             | of Re | eceipt               |            |                             |                      |  |  |  |
|             | Mailing Address 500 West Monroe Street  |                            |                          |  |                 | ™ M<br>11          | 1     | D D D 17             | / Y        | y y<br>2023                 | Y                    |  |  |  |
|             | City<br>Chicago   | State<br>IL                |                          | Zip Code<br>60661  |                 |                    |       |                      |            | 9001F64                     | BE7BE0B              |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С                          |                          |  |                 |                    |       |                      | <b>7</b> - | 50                          | .00                  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            | •                        | ion (for Individual)<br>GM, Enterprise Imaging and Ad          | ŀ               | Μ                  | lemo  | o Item               |            |                             |                      |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year                     | r-to-Date ▼<br>550.00  |                 |                    |       |                      |            |                             |                      |  |  |  |
| <u>с.</u>   | Full Name of Individual (Last, First, Middle Init<br>Muralidharan, Girish, K, ,               | tial) or Full O            | rgan                     | ization Name   |                 | Date o             | of Re | eceipt               |            |                             |                      |  |  |  |
|             | Mailing Address 500 West Monroe Street  |                            |                          |  |                 | <sup>M</sup> 12    | /     | D 15                 | / Y        | 2023                        | Y                    |  |  |  |
|             | City<br>Chicago   | State<br>IL                |                          | Zip Code<br>60661  |                 |                    |       |                      |            | <b>E7EABD</b><br>nis Period | <b>44979331</b><br>d |  |  |  |
|             | FEC ID number of contributing federal political committee.                                    | С                          |                          |  |                 |                    |       | y                    | , ,        | 50                          | .00                  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                            | •                        | on (for Individual)<br>M, Enterprise Imaging and Adv           | v               | N                  | lemo  | o Item               |            |                             |                      |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                  | Year                     | r-to-Date ▼<br>550.00  |                 |                    |       |                      |            |                             |                      |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |                            |                          | •  |                 |                    |       | <b>7</b>             | . ,        | 150                         | .00                  |  |  |  |
| т           | OTAL This Period (last page this line number  | only)                      |                          | •  |                 |                    |       |                      |            |                             |                      |  |  |  |

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|               | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 17                |  |
|---------------|--|-----------------|---|---|--|
|               | y information copied from such Reports and St<br>for commercial purposes, other than using the                             |                 |   | erson for the purpose of soliciting contributions |  |
| $\backslash$  | NAME OF COMMITTEE (In Full)  |                 |   |   |  |
| $\Big\rangle$ | GE HealthCare Technologies In  | c. PAC          |   |   |  |
| Α.            | Full Name of Individual (Last, First, Middle Initi<br>Newcomb, George, Andrew, ,<br>Mailing Address 500 West Monroe Street |                 |   |   |  |
|               |  |                 |   | 07 28 2023  |  |
|               | City   | State           | Zip Code  | Transaction ID : 467E29392E3744CEBF59             |  |
|               | Chicago  | IL              | 60661   | Amount of Each Receipt this Period                |  |
|               | FEC ID number of contributing federal political committee.   | С               | 1.00  |   |  |
|               | Name of Employer (for Individual)  | Occu            | pation (for Individual)                           | Memo Item   |  |
|               | GE Healthcare  | GEH             | C Global Controller                               | _   |  |
|               | Receipt For:   | Aggregate       | Year-to-Date 🔻                                    |   |  |
|               | Primary General  | , iggi oguto    |   | 1   |  |
|               | Other (specify) ▼  |                 | 228.33  |   |  |
| в.            | Full Name of Individual (Last, First, Middle Initi Newcomb, George, Andrew, ,  | ial) or Full Or | ganization Name                                   | Date of Receipt                                   |  |
|               | Mailing Address 500 West Monroe Street   |                 |   | 08 25 2023  |  |
|               | City   | State           | Zip Code  | Transaction ID : C8C1A1B7E8764325A06              |  |
|               | Chicago  | IL              | 60661   | Amount of Each Receipt this Period                |  |
|               | FEC ID number of contributing federal political committee.   | С               |   | 1.00  |  |
|               | Name of Employer (for Individual)  | Occi            | pation (for Individual)                           | Memo Item   |  |
|               | GE Healthcare  |                 | C Global Controller                               | -   |  |
|               | Receipt For:   |                 |   |   |  |
|               | Primary General  | Aggregate       | Year-to-Date <b>V</b>                             |   |  |
|               | Other (specify) V  |                 | 228.33  |   |  |
| c.            | Full Name of Individual (Last, First, Middle Initi Newcomb, George, Andrew, ,  | Date of Receipt |   |   |  |
|               | Mailing Address 500 West Monroe Street   |                 |   | M M / D D / Y Y Y Y<br>09 22 2023                 |  |
|               | City   | State           | Zip Code  | Transaction ID : 92A1BAC537C74E93891              |  |
|               | Chicago  | IL              | 60661   | Amount of Each Receipt this Period                |  |
|               | FEC ID number of contributing federal political committee.   | С               |   | 1.00  |  |
|               | Name of Employer (for Individual)<br>GE Healthcare   |                 | pation (for Individual)<br>C Global Controller    | Memo Item   |  |
|               | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>228.33                          | ]   |  |
| s             | UBTOTAL of Receipts This Page (optional)   |                 | •••••   | 3.00  |  |

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

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| or for con<br>NAME<br>GE<br>Full N<br>A. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip   | mmercial purposes, other than using the of COMMITTEE (In Full)<br>HealthCare Technologies<br>ame of Individual (Last, First, Middle<br>vcomb, George, Andrew, ,<br>g Address 500 West Monroe Street  | the name and ad                           | dress of any political committee<br>ganization Name<br>Zip Code<br>60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33 | 13       14       15       16       1         erson for the purpose of soliciting contributions from such committee.         Date of Receipt         10       20       2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item |  |  |  |  |  |
|---|--|---|--|---|--|--|--|--|--|
| or for color<br>NAME<br>GE<br>Full N<br>A. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip | mmercial purposes, other than using to<br>OF COMMITTEE (In Full)<br>HealthCare Technologies<br>ame of Individual (Last, First, Middle<br>rcomb, George, Andrew, ,<br>g Address 500 West Monroe Street<br>go<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>ealthcare<br>ot For:<br>Primary General<br>Other (specify) ▼<br>ame of Individual (Last, First, Middle<br>comb, George, Andrew, , | the name and ad                           | dress of any political committee<br>ganization Name<br>Zip Code<br>60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33 | Date of Receipt         10         20         2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item  |  |  |  |  |  |
| GE<br>Full N<br>A. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Receij<br>B. Full N<br>B. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>GE He<br>Receij                | HealthCare Technologies<br>ame of Individual (Last, First, Middle<br>rcomb, George, Andrew, ,<br>g Address 500 West Monroe Street<br>go<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>ealthcare<br>ot For:<br>Primary General<br>Other (specify) ▼<br>ame of Individual (Last, First, Middle<br>comb, George, Andrew, ,   | Initial) or Full Org                      | Zip Code<br>60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33  | Min       /       20       2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item   |  |  |  |  |  |
| A. Full N<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip<br>City<br>Chica<br>FEC I<br>federa<br>City<br>Chica<br>FEC I<br>federa<br>Receip                   | ame of Individual (Last, First, Middle<br>vcomb, George, Andrew, ,<br>g Address 500 West Monroe Street<br>go<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>ealthcare<br>ot For:<br>Primary  | Initial) or Full Org                      | Zip Code<br>60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33  | Min       /       20       2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item   |  |  |  |  |  |
| A. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Receip<br>B. Full N<br>B. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>City<br>Chica<br>FEC I<br>federa               | ycomb, George, Andrew, ,<br>g Address 500 West Monroe Street<br>go<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>ealthcare<br>ot For:<br>Primary  | State<br>IL<br>Occup<br>GEH4<br>Aggregate | Zip Code<br>60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33  | Min       /       20       2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item   |  |  |  |  |  |
| Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receip<br>City<br>Chica<br>FEC I<br>federa<br>City<br>Chica<br>FEC I<br>federa  | g Address 500 West Monroe Street<br>go<br>D number of contributing<br>I political committee.<br>of Employer (for Individual)<br>ealthcare<br>ot For:<br>Primary  | IL<br>C<br>Occu<br>GEH<br>Aggregate       | 60661<br>pation (for Individual)<br>C Global Controller<br>/ear-to-Date ▼<br>228.33  | 10       20       2023         Transaction ID : 05EFDF2D8137469DBC         Amount of Each Receipt this Period         1.00         Memo Item  |  |  |  |  |  |
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| Receip<br>Receip<br>Full N<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>GE He<br>Receip  | ot For:<br>Primary General<br>Other (specify) ▼<br>ame of Individual (Last, First, Middle<br>comb, George, Andrew, ,   | Aggregate Y                               | /ear-to-Date ▼<br>228.33   | ·   |  |  |  |  |  |
| Full N<br>B. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Recei   | Primary General<br>Other (specify) ▼<br>ame of Individual (Last, First, Middle<br>comb, George, Andrew, ,  |   | 228.33   | ·   |  |  |  |  |  |
| Full N<br>Full N<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Recei   | Other (specify) ▼<br>ame of Individual (Last, First, Middle<br>comb, George, Andrew, ,   |   | 228.33   | ·   |  |  |  |  |  |
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| B. New<br>Mailing<br>City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Recei   | comb, George, Andrew, ,  | Initial) or Full Or                       | ganization Name  | ·   |  |  |  |  |  |
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| City<br>Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Recei  |  |   | Address 500 West Monroe Street   |   |  |  |  |  |  |
| Chica<br>FEC I<br>federa<br>Name<br>GE He<br>Receij   |  | 11 17 2023                                |  |   |  |  |  |  |  |
| FEC I<br>federa<br>Name<br>GE He<br>Receij  |  | State                                     | Zip Code   | Transaction ID : 0F7D0BF856B24FE1830  |  |  |  |  |  |
| federa<br>Name<br>GE He<br>Receij   | go   | IL  | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |
| GE He<br>Recei  | D number of contributing<br>I political committee.   | С   |  | 1.00  |  |  |  |  |  |
| GE He<br>Recei  | of Employer (for Individual)   | Осси                                      | pation (for Individual)  | Memo Item   |  |  |  |  |  |
|   | ealthcare  |   | C Global Controller  |   |  |  |  |  |  |
|   | ot For:  | Aggregate                                 | /ear-to-Date ▼   |   |  |  |  |  |  |
|   | Primary General  | Aggregate                                 |  |   |  |  |  |  |  |
|   | Other (specify) ▼  |   | , 228.33   | ]   |  |  |  |  |  |
|   | ame of Individual (Last, First, Middle<br>vcomb, George, Andrew, ,   | Date of Receipt                           |  |   |  |  |  |  |  |
| -   | g Address 500 West Monroe Street   |   |  | 12 15 2023  |  |  |  |  |  |
| City  |  | State                                     | Zip Code   | Transaction ID : 3973F7B10E2149F78D0  |  |  |  |  |  |
| Chica   | igo  | IL  | 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |
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|   | I political committee.   | C   |  | 1.00  |  |  |  |  |  |
| Name  | of Employer (for Individual)   |   | pation (for Individual)  | Memo Item   |  |  |  |  |  |
|   | ealthcare  | GEH                                       | C Global Controller  |   |  |  |  |  |  |
|   |  | Aggregate Y                               | lear-to-Date ▼   |   |  |  |  |  |  |
|   | ot For:  |   | 228.33   | 1   |  |  |  |  |  |
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FEC Schedule A (Form 3X) Rev. 06/2016

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| NAME OF COMMITTEE (In Full)  |                   | duress of any pointear commute                           | , 10 30110 |                  | TUTIO |       |       |                              | .00.     |
| GE HealthCare Technologies   | Inc. PAC          |  |            |                  |       |       |       |                              |          |
| Full Name of Individual (Last, First, Middle I<br>A. Nustad, Timothy, A, ,                     | nitial) or Full C | rganization Name   | Da         | ate of           | Re    | ceipt |       |                              |          |
| Mailing Address 500 West Monroe Street   |                   |  | Γ          | 07               | /     | 28    | ) / Y | y y<br>2023                  | Ŷ        |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661  |            |                  |       |       |       | <b>F470804</b><br>his Period | \$5EB839 |
| FEC ID number of contributing federal political committee.                                     | С                 |  |            |                  |       | -     |       | 58.                          | 00       |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>ef Technology Officer, X Ray |            | Me               | emo   | Item  |       |                              |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>696.00                                 |            |                  |       |       |       |                              |          |
| Full Name of Individual (Last, First, Middle I<br><b>B.</b> Nustad, Timothy, A, ,              | nitial) or Full C | rganization Name   | Da         | ate of           | Re    | ceipt |       |                              |          |
| Mailing Address 500 West Monroe Street   |                   |  |            | 08               | /     | 25    | / Y   | 2023                         | Y        |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661  |            |                  |       |       |       | <b>3CFAFB4</b><br>nis Period | 16DB8BE  |
| FEC ID number of contributing federal political committee.                                     | С                 |  |            |                  |       | -     |       | 58.                          | 00       |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>ef Technology Officer, X Ray |            | Me               | emo   | Item  |       |                              |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate         | Year-to-Date ▼<br>696.00                                 |            |                  |       |       |       |                              |          |
| Full Name of Individual (Last, First, Middle I<br>Nustad, Timothy, A, ,                        | nitial) or Full C | rganization Name   | Da         | ate of           | Re    | ceipt |       |                              |          |
| Mailing Address 500 West Monroe Street   |                   |  |            | 09               | /     | 22    |       | 2023                         | Y        |
| City<br>Chicago  | State<br>IL       | Zip Code<br>60661  |            |                  |       | -     |       | 00437C4                      |          |
| FEC ID number of contributing federal political committee.                                     | С                 |  | ļ          |                  |       | y     | , ,   | 58.                          | 00       |
| Name of Employer (for Individual)<br>GE Healthcare   |                   | upation (for Individual)<br>f Technology Officer, X Ray  |            | M                | emo   | Item  |       |                              |          |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate         | Year-to-Date ▼<br>696.00                                 |            |                  |       |       |       |                              |          |
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page        |        | 11a             |      | 11    |        | 11c       | 12          | <u> </u> |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using t                       |                    |  |        |                 |      |       | se of  |           |             |          |
| NAME OF COMMITTEE (In Full)  |                    | ,,   |        |                 |      |       |        |           |             |          |
| GE HealthCare Technologies   | Inc. PAC           |  |        |                 |      |       |        |           |             |          |
| Full Name of Individual (Last, First, Middle I<br>Nustad, Timothy, A, ,<br>Mailing Address, see W. (Mailing Address) | Initial) or Full C | rganization Name   |        | Date of Receipt |      |       |        |           |             |          |
| Mailing Address 500 West Monroe Street   |                    |  |        | 10 <sup>M</sup> | 1    | Г     | 20     | / Y       | 2023        | Y        |
| City   | State              | Zip Code   |        | Trans           | acti | ion   | ID : 9 | 9BA353    | FC25AE4     | 211B898  |
| Chicago  | IL                 | 60661  | A      | mount           | of   | Ea    | ch Re  | eceipt th | nis Period  |          |
| FEC ID number of contributing federal political committee.   | С                  |  |        |                 |      | -     |        | -         | 58.         | 00       |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)                                 | - I    | Me              | emo  | o Ite | em     |           |             |          |
| GE Healthcare  |                    | ef Technology Officer, X Ray                             | 1.     |                 |      |       |        |           |             |          |
| Receipt For:   |                    | Year-to-Date ▼   |        |                 |      |       |        |           |             |          |
| Primary General  | 1.99.09410         |  | 1      |                 |      |       |        |           |             |          |
| Other (specify) V  |                    | 696.00   |        |                 |      |       |        |           |             |          |
| Full Name of Individual (Last, First, Middle I   | Initial) or Full C | rganization Name   |        |                 | -    |       |        |           |             |          |
| B. Nustad, Timothy, A, ,   |                    |  | _      | ate of          | Re   |       | ·      |           |             |          |
| Mailing Address 500 West Monroe Street   |                    |  |        | ™ M<br>11       | 1    | Г     | 17     | / Y       | y y<br>2023 | Y        |
| City   | State              | Zip Code   |        |                 | acti | ion   |        | 30B031    | F63B8A4     | B098F38  |
| Chicago  | IL                 | 60661  |        |                 |      |       |        |           | nis Period  |          |
| FEC ID number of contributing  |                    |  |        |                 |      |       |        |           |             |          |
| federal political committee.   | C                  |  | 58.00  |                 |      |       |        |           |             |          |
| Name of Employer (for Individual)  | 000                | upation (for Individual)                                 | - I    | Me              | emo  | o Ite | em     |           |             |          |
| GE Healthcare  |                    | ef Technology Officer, X Ray                             |        |                 |      |       |        |           |             |          |
| Receipt For:   |                    | Year-to-Date ▼   | $\neg$ |                 |      |       |        |           |             |          |
| Primary General  | , iggi oguto       |  |        |                 |      |       |        |           |             |          |
| Other (specify) ▼  |                    | 696.00   |        |                 |      |       |        |           |             |          |
| Full Name of Individual (Last, First, Middle  <br>Nustad, Timothy, A, ,  | Initial) or Full C | rganization Name   |        | ate of          | Re   | ecei  | ipt    |           |             |          |
| Mailing Address 500 West Monroe Street   |                    |  |        | <sup>M</sup> 12 |      | L     | D 15   | JL        | 2023        |          |
| City   | State<br>IL        | Zip Code   |        |                 |      | -     |        |           | 64033A4I    |          |
| Chicago  |                    | 60661  | A      | mount           | of   | Ea    | ch Re  | eceipt th | nis Period  |          |
| FEC ID number of contributing federal political committee.   | С                  |  |        |                 |      | y     |        | 9         | 58.         |          |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>ff Technology Officer, X Ray |        | Me              | emo  | o Ite | em     |           |             |          |
| Receipt For:   |                    | Year-to-Date ▼   |        |                 |      |       |        |           |             |          |
| Other (specify)  |                    | 696.00   |        |                 |      |       |        |           |             |          |
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| 11 | EMIZED RECEIPTS   |                                   | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |  |  |
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|    | NAME OF COMMITTEE (In Full)   |                                   |   |  |  |  |  |  |  |
|    | GE HealthCare Technologies In   | c. PAC                            |   |  |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Init         Olsen, Scott, A, ,         Mailing Address 500 West Monroe Street | ial) or Full Or                   | ganization Name                                   | Date of Receipt  |  |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID : 31265AEE7A3E4C32B0E                   |  |  |  |  |  |
|    | Chicago   | IL                                | 60661   |  |  |  |  |  |  |
|    |   |                                   |   | Amount of Each Receipt this Period                     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С                                 |   | 58.00  |  |  |  |  |  |
|    | Name of Employer (for Individual)   | Occu                              | pation (for Individual)                           | Memo Item  |  |  |  |  |  |
|    | GE Healthcare   | Exec                              | cutive Plant Leader                               |  |  |  |  |  |  |
|    | Receipt For:  |                                   | Year-to-Date 🔻                                    |  |  |  |  |  |  |
|    | Primary General   | riggrogato                        |   |  |  |  |  |  |  |
|    | Other (specify) V   |                                   | 610.00  | 1  |  |  |  |  |  |
| в. | Full Name of Individual (Last, First, Middle Init<br>Olsen, Scott, A, ,   | ial) or Full Or                   | ganization Name                                   | Date of Receipt  |  |  |  |  |  |
|    | Mailing Address 500 West Monroe Street  |                                   | 08 25 2023  |  |  |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID : 4616675406D14A46892D                  |  |  |  |  |  |
|    | Chicago   | IL                                | 60661   | Amount of Each Receipt this Period                     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С                                 |   | 58.00  |  |  |  |  |  |
|    | Name of Employer (for Individual)   | Occu                              | pation (for Individual)                           | Memo Item  |  |  |  |  |  |
|    | GE Healthcare   |                                   | cutive Plant Leader                               |  |  |  |  |  |  |
|    | Receipt For:  | Aggregate                         | Year-to-Date 🔻                                    |  |  |  |  |  |  |
|    | Primary General   | , iggi oguto                      |   | 1  |  |  |  |  |  |
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| с. | Full Name of Individual (Last, First, Middle Init Olsen, Scott, A, ,  | Date of Receipt                   |   |  |  |  |  |  |  |
|    | Mailing Address 500 West Monroe Street  | M M / D D / Y Y Y Y<br>09 22 2023 |   |  |  |  |  |  |  |
|    | City  | State                             | Zip Code  | Transaction ID : 8994936E9F304706BF38                  |  |  |  |  |  |
|    | Chicago   | IL                                | 60661   | Amount of Each Receipt this Period                     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С                                 |   | 58.00  |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>GE Healthcare  |                                   | pation (for Individual)<br>utive Plant Leader     | Memo Item  |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                         | Year-to-Date ▼<br>610.00                          | 1  |  |  |  |  |  |
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| ITEIWIIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page                   |         | -                                  |              | 11b                | 11c          | 12                 |                    |  |  |
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| NAME OF COMMITTEE (In Full)   |   |   |         |                                    |              |                    |              |                    |                    |  |  |
| GE HealthCare Technol   | ogies Inc. PAC  |   |         |                                    |              |                    |              |                    |                    |  |  |
| Full Name of Individual (Last, First, A. Olsen, Scott, A, ,                     | Middle Initial) or Full O   | rganization Name  |         | Date o                             | f Re         | eceipt             |              |                    |                    |  |  |
| Mailing Address 500 West Monroe S   | Street  |   |         | 10 20 2023                         |              |                    |              |                    |                    |  |  |
| City  | State   | Zip Code  |         | Trans                              | sact         | tion ID :          | D6C515       | 530DD              | 9483591 <i>A</i>   |  |  |
| Chicago   | IL  | 60661   |         | Amoun                              | t of         | Each F             | Receipt th   | nis Peri           | od                 |  |  |
| FEC ID number of contributing federal political committee.                      | C   |   |         | Amount of Each Receipt this Period |              |                    |              |                    |                    |  |  |
| Name of Employer (for Individual)   | Осси  | upation (for Individual)  |         | М                                  | emo          | o Item             |              |                    |                    |  |  |
| GE Healthcare   | Exe   |   |         |                                    |              |                    |              |                    |                    |  |  |
| Receipt For:  | Angregate   | Year-to-Date <b>V</b>   |         |                                    |              |                    |              |                    |                    |  |  |
| Primary General   | Aggregate   |   | _       |                                    |              |                    |              |                    |                    |  |  |
| Other (specify) ▼   |   | 610.00  |         |                                    |              |                    |              |                    |                    |  |  |
| Full Name of Individual (Last, First, B. Olsen, Scott, A, ,                     | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Olsen, Scott, A, , |   |         |                                    |              |                    |              |                    |                    |  |  |
| Mailing Address 500 West Monroe S   | Mailing Address 500 West Monroe Street  |   |         |                                    |              |                    |              | 2023               | Ý                  |  |  |
| City  | State   | Zip Code  |         | Trans                              | act          | ion ID :           | 89AFC8       | 8119EF             | 34 <b>B</b> 41AA   |  |  |
| Chicago   | IL  | 60661   |         | Amount of Each Receipt this Period |              |                    |              |                    |                    |  |  |
| FEC ID number of contributing federal political committee.                      | C   |   |         |                                    |              |                    |              |                    |                    |  |  |
| Name of Employer (for Individual)   | Occi  | upation (for Individual)  | _       | М                                  | emo          | o Item             |              |                    |                    |  |  |
| GE Healthcare   |   | Executive Plant Leader<br>Aggregate Year-to-Date ▼                  |         |                                    |              |                    |              |                    |                    |  |  |
| Receipt For:  | Angregate   |   |         |                                    |              |                    |              |                    |                    |  |  |
| Primary General   | 1.59.094.0  |   | 11      |                                    |              |                    |              |                    |                    |  |  |
| Other (specify) ▼   |   | 610.00  |         |                                    |              |                    |              |                    |                    |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name |   |   |         |                                    |              | eceipt             |              |                    |                    |  |  |
| Mailing Address 500 West Monroe   | Mailing Address 500 West Monroe Street  |   |         |                                    |              |                    | D / Y        | 2023               |                    |  |  |
| City  | State   | Zip Code  |         | Trans                              | sact         | tion ID            | : 0825DB     | 809AA              | B4271BD            |  |  |
| Chicago   | IL  | 60661   |         | Amoun                              | t of         | Each F             | Receipt th   | nis Peri           | od                 |  |  |
| FEC ID number of contributing federal political committee.                      | C   |   |         | <u> </u>                           |              | ,                  | . y          | 5                  | 8.00               |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                              |   | upation (for Individual)<br>cutive Plant Leader                     |         | M                                  | lem          | o Item             |              |                    |                    |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                              | Aggregate   | Year-to-Date ▼<br>610.00  |         |                                    |              |                    |              |                    |                    |  |  |
| SUBTOTAL of Receipts This Page (c   | ptional)  |   |         |                                    |              | ,                  | ,            | 17                 | 4.00               |  |  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

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|   |                   | Use separate schedule(s)                          | (check on     | (check only one) |            |           |         |  |
|---|-------------------|---|---------------|------------------|------------|-----------|---------|--|
|   |                   | for each category of the<br>Detailed Summary Page | X 11a         | 11b              | 11c<br>15  | 12<br>16  | 17      |  |
| Any information copied from such Reports and a<br>or for commercial purposes, other than using th |                   |   | erson for the | purpose of       | soliciting | contribut | ions    |  |
| NAME OF COMMITTEE (In Full)   |                   |   |               |                  |            |           |         |  |
| GE HealthCare Technologies I  | nc. PAC           |   |               |                  |            |           |         |  |
| Full Name of Individual (Last, First, Middle Ir   | nitial) or Full C | rganization Name                                  | Data          | f Dessint        |            |           |         |  |
| A. Oshea, Brandon, K, ,   |                   |   |               | f Receipt        |            |           |         |  |
| Mailing Address 500 West Monroe Street  |                   |   | M M           | / D D<br>17      | / Y        | 2023      | Ŷ       |  |
| City  | State             | Zip Code  | Trans         | saction ID : /   | A4819AB    | 351F2A40  | C6D8988 |  |
| Chicago   | IL                | 60661   | Amoun         | t of Each Re     | eceipt thi | is Period |         |  |
| FEC ID number of contributing federal political committee.  | С                 |   |               |                  |            | 20.0      | 0       |  |
| Name of Employer (for Individual)   | Occ               | upation (for Individual)                          | M             | lemo Item        |            |           |         |  |
| GE Healthcare   | g                 |   |               |                  |            |           |         |  |
| Receipt For:  | Aggregate         | Year-to-Date ▼                                    |               |                  |            |           |         |  |
| Primary General   |                   | 229 50  |               |                  |            |           |         |  |
| Other (specify)   |                   | 228.50  |               |                  |            |           |         |  |
| Full Name of Individual (Last, First, Middle Ir<br>B. Oshea, Brandon, K, ,                        | itial) or Full C  | rganization Name                                  | Date o        | f Receipt        |            |           |         |  |
| Mailing Address 500 West Monroe Street  |                   |   | M             |                  | / Y        | YY        | Y       |  |
|   | State             | Zin Code  | 12            | 15               |            | 2023      |         |  |
| City<br>Chicago   | State             | Zip Code<br>60661                                 |               | saction ID : 6   |            |           | B89CBD  |  |
| <b>-</b>  |                   |   | Amoun         | t of Each Re     | eceipt th  | is Period |         |  |
| FEC ID number of contributing federal political committee.  | С                 |   | 1L            |                  |            | 20.0      | 0       |  |
| Name of Employer (for Individual)   |                   | upation (for Individual)                          |               | lemo Item        |            |           |         |  |
| GE Healthcare   | Ser               | nior Regulatory Affairs Manager, D                | ig            |                  |            |           |         |  |
| Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |               |                  |            |           |         |  |
| Other (specify) ▼   |                   | 228.50  |               |                  |            |           |         |  |
|   |                   |   |               |                  |            |           |         |  |
| Full Name of Individual (Last, First, Middle Ir<br>Pauls, Kerry, L, ,                             | iitial) or Full C | rganization Name                                  | Date o        | f Receipt        |            |           |         |  |
| Mailing Address 500 West Monroe Street  |                   |   | 07            | 28               |            | 2023      |         |  |
| City<br>Chicago   | State<br>IL       | Zip Code<br>60661                                 |               | saction ID :     |            |           | 409A895 |  |
|   |                   |   | Amoun         | t of Each Re     | eceipt th  | is Period | _       |  |
| FEC ID number of contributing federal political committee.  | С                 |   | ١Ŀ-           |                  | . y        | 100.0     | 0       |  |
| Name of Employer (for Individual)   |                   | upation (for Individual)                          | N             | lemo Item        |            |           |         |  |
| GE Healthcare Receipt For:  |                   | Business Partner                                  | _             |                  |            |           |         |  |
| Primary General   | Aggregate         | Year-to-Date ▼                                    |               |                  |            |           |         |  |
| Other (specify)   |                   | 1000.00   |               |                  |            |           |         |  |
| SUBTOTAL of Receipts This Page (optional)   |                   |   | Γ.            |                  |            | 140.0     | 0       |  |
| - · · · /   |                   | · · · · · · · · · · · · · · · · · · ·             |               | , ,              | 7          |           | -       |  |

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

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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17       |
|---|--------------------|---|---|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the  |                    |   | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)   |                    |   |   |
| GE HealthCare Technologies I  | nc. PAC            |   |   |
| Full Name of Individual (Last, First, Middle In<br>Pauls, Kerry, L, ,<br>Mailing Address 500 West Monroe Street<br>City<br>Chicago<br>FEC ID number of contributing<br>federal political committee. | State<br>IL<br>C   | Zip Code<br>60661                                 | Date of Receipt<br>08 25 2023 Transaction ID : B0BDD5F17C124C189DE Amount of Each Receipt this Period<br>100.00 |
| Name of Employer (for Individual)   |                    | pation (for Individual)                           | Memo Item   |
| GE Healthcare   | HR B               | usiness Partner                                   |   |
| Receipt For:<br>Primary General<br>Other (specify) ▼  |                    | 'ear-to-Date ▼<br>1000.00                         | ]   |
| Full Name of Individual (Last, First, Middle In   | itial) or Full Org | ganization Name                                   |   |
| B. Pauls, Kerry, L, ,   |                    |   | Date of Receipt   |
| Mailing Address 500 West Monroe Street  |                    |   | 09 / 22 / Y Y Y Y<br>09 / 22  |
| City  | State<br>IL        | Zip Code  | Transaction ID : ED3D27E70E164A38B669   |
| Chicago   | IL                 | 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                  |   | 100.00  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | pation (for Individual)<br>Jusiness Partner       | Memo Item   |
| Receipt For:  | Aggregate Y        | ′ear-to-Date ▼                                    |   |
| Primary General   | 55 - 5             |   | 1   |
| Other (specify)   | 4                  | 1000.00   |   |
| Full Name of Individual (Last, First, Middle In Pauls, Kerry, L, ,  | itial) or Full Org | ganization Name                                   | Date of Receipt   |
| Mailing Address 500 West Monroe Street  |                    |   | 10 / D D / Y Y Y Y<br>2023  |
| City  | State              | Zip Code  | Transaction ID : 7ECBBF52851248F180A  |
| Chicago   | IL                 | 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                  |   | 100.00  |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | pation (for Individual)<br>usiness Partner        | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y        | /ear-to-Date ▼<br>1000.00                         |   |
| SUBTOTAL of Receipts This Page (optional)   |                    |   | 300.00  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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|             | EMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page             | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |
|-------------|---|--|---|---|--|--|--|--|--|
|             | y information copied from such Reports and SI for commercial purposes, other than using the                       |  |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |  |   |   |  |  |  |  |  |
|             | GE HealthCare Technologies In   | c. PAC   |   |   |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Init<br>Pauls, Kerry, L, ,<br>Mailing Address 500 West Monroe Street | ial) or Full Or  | Date of Receipt   |   |  |  |  |  |  |
|             |   |  |   | 11 17 2023  |  |  |  |  |  |
|             | City  | State  | Zip Code  | Transaction ID : 13A44D1943E04136AEE0   |  |  |  |  |  |
|             | Chicago   | IL   | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С  |   | 100.00  |  |  |  |  |  |
|             | Name of Employer (for Individual)   | e of Employer (for Individual) Occupation (for Individual) |   |   |  |  |  |  |  |
|             | GE Healthcare   | HR E   | Business Partner  |   |  |  |  |  |  |
|             | Receipt For:  | Aggregate `  | Year-to-Date ▼  |   |  |  |  |  |  |
|             | Primary General   | , iggi ogulo   |   |   |  |  |  |  |  |
|             | Other (specify) V   |  | 1000.00   |   |  |  |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle Init Pauls, Kerry, L, ,  | ial) or Full Or  | ganization Name   | Date of Receipt   |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  | 12 15 2023   |   |   |  |  |  |  |  |
|             | City  | State  | Zip Code  | Transaction ID : 16E6ECA1C6E34909AAF  |  |  |  |  |  |
|             | Chicago   | IL   | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | s a l  |   |   |  |  |  |  |  |
|             | Name of Employer (for Individual)   | Occu   | pation (for Individual)                                       | Memo Item   |  |  |  |  |  |
|             | GE Healthcare   |  | Business Partner  |   |  |  |  |  |  |
|             | Receipt For:  |  | Year-to-Date ▼  | _   |  |  |  |  |  |
|             | Primary General   | riggrogato   |   |   |  |  |  |  |  |
|             | Other (specify) ▼   |  | 1000.00   |   |  |  |  |  |  |
| с.          | Full Name of Individual (Last, First, Middle Init<br>Petrini, Michael, Francis, ,                                 | Date of Receipt  |   |   |  |  |  |  |  |
|             | Mailing Address 500 West Monroe Street  | M M / D D / Y Y Y Y<br>07 28 2023                          |   |   |  |  |  |  |  |
|             | City  | State  | Zip Code  | Transaction ID : 3AB34863AA2A4217A5A  |  |  |  |  |  |
|             | Chicago   | IL   | 60661   | Amount of Each Receipt this Period  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С  |   | 58.00   |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>GE Healthcare  |  | pation (for Individual)<br>utive - Regulatory Affairs, Patien | Memo Item   |  |  |  |  |  |
|             | Receipt For:         Primary       General         Other (specify)  | Aggregate `  | Year-to-Date ▼<br>522.00                                      |   |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |  | •••••   | 258.00  |  |  |  |  |  |

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|                | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page               | X     11a     11b     11c     12       13     14     15     16     17 |
|----------------|--|--------------|---|---|
|                | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na |              |   | rson for the purpose of soliciting contributions                      |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |              |   |   |
| $\Big\rangle$  | GE HealthCare Technologies Inc   | . PAC        |   |   |
| Α.             | Full Name of Individual (Last, First, Middle Initial Petrini, Michael, Francis, ,                    | l) or Full O | rganization Name  | Date of Receipt   |
|                | Mailing Address 500 West Monroe Street   | 1            |   | 08 25 2023  |
|                | City   | State        | Zip Code  | Transaction ID : 130C0FD1F49A4684BE60                                 |
|                | Chicago  | IL           | 60661   | Amount of Each Receipt this Period                                    |
|                | FEC ID number of contributing federal political committee.   | С            |   | 58.00   |
|                | Name of Employer (for Individual)  | Occi         | pation (for Individual)   | Memo Item   |
|                | GE Healthcare  |              | cutive - Regulatory Affairs, Patien                             |   |
|                | Paggint For:   |              |   | -   |
|                | Primary General  | Ayyregate    | Year-to-Date ▼  |   |
|                | Other (specify) V  |              | 522.00  |   |
|                |  |              |   |   |
| B.             | Full Name of Individual (Last, First, Middle Initial Petrini, Michael, Francis, ,                    | l) or Full O | rganization Name  | Date of Receipt   |
|                | Mailing Address 500 West Monroe Street   |              |   | M M / D D / Y Y Y Y<br>09 22 2023                                     |
|                | City   | State        | Zip Code  | Transaction ID : 2DC9054D8CA74B78AF39                                 |
|                | Chicago  | IL           | 60661   | Amount of Each Receipt this Period                                    |
|                | FEC ID number of contributing federal political committee.   | С            |   | 58.00   |
|                | Name of Employer (for Individual)  | Occi         | upation (for Individual)  | Memo Item   |
|                | GE Healthcare  |              | cutive - Regulatory Affairs, Patien                             |   |
|                | Possint For:   |              |   | -   |
|                | Primary General  | Aggregate    | Year-to-Date 🔻  |   |
|                | Other (specify)  |              | 522.00  |   |
|                |  |              |   |   |
| C.             | Full Name of Individual (Last, First, Middle Initial Petrini, Michael, Francis, ,                    | l) or Full O | rganization Name  | Date of Receipt   |
|                | Mailing Address 500 West Monroe Street   |              |   | 10 / D D / Y Y Y Y<br>2023  |
|                | City   | State        | Zip Code  | Transaction ID : 6C9EAEA77CBB4BE5B88                                  |
|                | Chicago  | IL           | 60661   | Amount of Each Receipt this Period                                    |
|                | FEC ID number of contributing federal political committee.   | С            |   | 58.00   |
|                |  |              |   | Memo Item   |
|                | Name of Employer (for Individual)<br>GE Healthcare   |              | upation (for Individual)<br>cutive - Regulatory Affairs, Patien |   |
|                | Receipt For:   | Aggregate    | Year-to-Date ▼  |   |
|                | Primary General<br>Other (specify)   | 55 54.0      | 522.00  |   |
|                |  |              |   |   |
| s              | UBTOTAL of Receipts This Page (optional)   |              | •   | 174.00  |
|                |  |              |   |   |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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| ITEMIZED RECEIPTS   |                        | for each category of the<br>Detailed Summary Page           | X         11a         11b         11c         12           13         14         15         16         17 |
|---|------------------------|---|---|
|   |                        |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.        |
| NAME OF COMMITTEE (In Full)   |                        |   |   |
| GE HealthCare Technologie   | es Inc. PAC            |   |   |
| Full Name of Individual (Last, First, Mide<br>A. Petrini, Michael, Francis, , | lle Initial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe Street  | t                      |   | 11 17 2023  |
| City  | State                  | Zip Code  | Transaction ID : 2521C1A97B734814BF16   |
| Chicago   | IL                     | 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | C                      |   | 58.00   |
| Name of Employer (for Individual)   | Occ                    | upation (for Individual)                                    | Memo Item   |
| GE Healthcare   | Exe                    | cutive - Regulatory Affairs, Patien                         |   |
| Receipt For:  | Aggregate              | Year-to-Date V  |   |
| Primary General   |                        |   | 1   |
| Other (specify) ▼   |                        | 522.00  |   |
| Full Name of Individual (Last, First, Mide<br>B. Petrini, Michael, Francis, , | lle Initial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe Street  | :                      |   | M M / D D / Y Y Y Y<br>12 15 2023   |
| City  | State                  | Zip Code  | Transaction ID : 3ECB09D96B5249869D66   |
| Chicago   | IL                     | 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | C                      |   | 58.00   |
| Name of Employer (for Individual)   | Occ                    | upation (for Individual)                                    | Memo Item   |
| GE Healthcare   |                        | cutive - Regulatory Affairs, Patien                         | -   |
| Receipt For:  | Aggregate              | Year-to-Date <b>V</b>                                       |   |
| Primary General   | Aggrogato              |   |   |
| Other (specify) ▼   |                        | 522.00  |   |
| Full Name of Individual (Last, First, Mide<br>Polzin, Jason, A, ,             | lle Initial) or Full C | rganization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe Stree   | t                      |   | 07 28 2023  |
| City  | State                  | Zip Code  | Transaction ID : DC0BA004B5A8489DBA96   |
| Chicago   | IL                     | 60661   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                    | С                      |   | 58.00   |
| Name of Employer (for Individual)<br>GE Healthcare                            |                        | upation (for Individual)<br>MR Applications Platform and Re | Memo Item   |
| Receipt For:  | Aggregate              | Year-to-Date ▼<br>696.00                                    | 1   |
| Other (specify)   |                        |   | · · · · · · · · · · · · · · · · · · ·   |
| SUBTOTAL of Receipts This Page (option  | al)                    | •   | 174.00  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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| 11               | EMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page          | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |
|------------------|--|----------------------------------|--|---|--|--|--|
|                  | y information copied from such Reports and St<br>for commercial purposes, other than using the |                                  |  | erson for the purpose of soliciting contributions   |  |  |  |
| $\left[ \right]$ | NAME OF COMMITTEE (In Full)  |                                  |  |   |  |  |  |
|                  | GE HealthCare Technologies In  | c. PAC                           |  |   |  |  |  |
|                  | Full Name of Individual (Last, First, Middle Initi   | al) or Full Or                   | ganization Name  |   |  |  |  |
| Α.               | Polzin, Jason, A, ,  |                                  |  | Date of Receipt   |  |  |  |
|                  | Mailing Address 500 West Monroe Street   |                                  |  | 08 25 2023  |  |  |  |
|                  | City   | State                            | Zip Code   | Transaction ID : 61A7136E2D7E4365ADF9   |  |  |  |
|                  | Chicago  | IL                               | 60661  | Amount of Each Receipt this Period  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                     | C                                |  | 58.00   |  |  |  |
|                  | Name of Employer (for Individual)  | Occu                             | pation (for Individual)                                    | Memo Item   |  |  |  |
|                  | GE Healthcare  | GM,                              | MR Applications Platform and Re                            | Si  |  |  |  |
|                  | Receipt For:   | Aggregate \                      | Year-to-Date ▼   |   |  |  |  |
|                  | Primary General  |                                  |  |   |  |  |  |
|                  | Other (specify) ▼  |                                  | 696.00   |   |  |  |  |
| в.               | Full Name of Individual (Last, First, Middle Initi Polzin, Jason, A, ,                         | al) or Full Or                   | ganization Name  | Date of Receipt   |  |  |  |
|                  | Mailing Address 500 West Monroe Street   | g Address 500 West Monroe Street |  |   |  |  |  |
|                  | City   | State                            | Zip Code   | Transaction ID : AD944E6A81934581B506   |  |  |  |
|                  | Chicago  | IL                               | 60661  | Amount of Each Receipt this Period  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                     | C                                |  | 58.00   |  |  |  |
|                  | Name of Employer (for Individual)  | Occu                             | pation (for Individual)                                    | Memo Item   |  |  |  |
|                  | GE Healthcare  |                                  | MR Applications Platform and Re                            | es l  |  |  |  |
|                  | Receipt For:   | Aggregate \                      | Year-to-Date ▼   |   |  |  |  |
|                  | Primary General  | , iggi oguto                     |  |   |  |  |  |
|                  | Other (specify) ▼  |                                  | 696.00   |   |  |  |  |
| <u>с.</u>        | Full Name of Individual (Last, First, Middle Initi<br>Polzin, Jason, A, ,                      | al) or Full Or                   | ganization Name  | Date of Receipt   |  |  |  |
|                  | Mailing Address 500 West Monroe Street   | 10 / Y Y Y Y<br>10 20 2023       |  |   |  |  |  |
|                  | City   | State                            | Zip Code   | Transaction ID : E4ED7730D2AA47D6A4B  |  |  |  |
|                  | Chicago  | IL                               | 60661  | Amount of Each Receipt this Period  |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                     | C                                |  | 58.00   |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare   |                                  | pation (for Individual)<br>MR Applications Platform and Re | Se Memo Item  |  |  |  |
|                  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Y                      | Year-to-Date ▼<br>696.00                                   |   |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)   |                                  | •  | 174.00  |  |  |  |

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| TTEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |
|---|---|---|
|   | ports and Statements may not be sold or used by any per<br>an using the name and address of any political committee | son for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)                                       |   |   |
| GE HealthCare Techno  | logies Inc. PAC   |   |
| A. Polzin, Jason, A, ,  | t, Middle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe                                   |   | 11 / D D / Y Y Y Y<br>11 17 2023  |
| City<br>Chicago   | State Zip Code<br>IL 60661  | Transaction ID : 1BA1BDA56DEC46CE8F   |
|   |   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | C   | 58.00   |
| Name of Employer (for Individual)                                 | Occupation (for Individual)   | Memo Item   |
| GE Healthcare   | GM, MR Applications Platform and Res  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  | _   |
| Primary General   |   |   |
| Other (specify) ▼   | 696.00  |   |
| Full Name of Individual (Last, First<br>B. Polzin, Jason, A, ,    | t, Middle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe                                   | Street  | 12 15 2023  |
| City  | State Zip Code  | Transaction ID : 33B68D82722344DBA0B  |
| Chicago   | IL 60661  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | C   | 58.00   |
| Name of Employer (for Individual)                                 | Occupation (for Individual)   | Memo Item   |
| GE Healthcare   | GM, MR Applications Platform and Res  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  | -   |
| Primary General   |   |   |
| Other (specify) V   | 696.00  |   |
| Full Name of Individual (Last, First<br>C. Qualm, Jaap, Roland, , | t, Middle Initial) or Full Organization Name  | Date of Receipt   |
| Mailing Address 500 West Monroe                                   | Street  | 07 28 2023  |
| City  | State Zip Code  | Transaction ID : 1C1E0CA4D3B8486FA1   |
| Chicago   | IL 60661  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.        | C   | 58.00   |
| Name of Employer (for Individual)<br>GE Healthcare                | Occupation (for Individual)<br>VP - Cyber Security  | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify)                | Aggregate Year-to-Date ▼<br>580.00  |   |
|   | optional)   | 174.00  |

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FEC Schedule A (Form 3X) Rev. 06/2016

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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|              | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page |       | -      |       | 11b    |        | 11c      | 12          |        |
|--------------|---|----------------|---|-------|--------|-------|--------|--------|----------|-------------|--------|
| ۸            | / information copied from such Reports and St                               | tatomonto m-   | v not he cold or used by says                     |       | 13     |       | 14     |        | 15       | 16          | 17     |
|              | for commercial purposes, other than using the                               |                |   |       |        |       |        |        |          |             |        |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                |   |       |        |       |        |        |          |             |        |
|              | GE HealthCare Technologies In   | c. PAC         |   |       |        |       |        |        |          |             |        |
| A.           | Full Name of Individual (Last, First, Middle Init<br>Qualm, Jaap, Roland, , | ial) or Full O | rganization Name                                  |       | Date o | of Re | ceip   | ot     |          |             |        |
|              | Mailing Address 500 West Monroe Street                                      |                |   |       | M M    |       | · ·    | D      | / Y      | YY          | Y      |
|              | 0.4   | Otata          | 7   | _     | 08     | Ι.    |        | 25     |          | 2023        |        |
|              | City<br>Chicago   | State<br>IL    | Zip Code<br>60661                                 |       |        |       | -      |        |          | OCFCD54     |        |
|              | Chicago   |                | 00001   | /     | Amoun  | it of | Eac    | h Re   | ceipt th | is Period   | ł      |
|              | FEC ID number of contributing<br>federal political committee.               | С              |   |       |        |       | -      |        |          | 58          | .00    |
|              | Name of Employer (for Individual)   | Occi           | pation (for Individual)                           |       | M      | lemo  | ) Iter | m      |          |             |        |
|              | GE Healthcare   |                | Cyber Security                                    |       |        | 20    |        |        |          |             |        |
|              | Receipt For:  |                |   |       |        |       |        |        |          |             |        |
|              | Primary General   | Aggregate      | Year-to-Date 🔻                                    |       |        |       |        |        |          |             |        |
|              | Other (specify)   |                | 580.00  |       |        |       |        |        |          |             |        |
|              |   |                |   |       |        |       |        |        |          |             |        |
| в.           | Full Name of Individual (Last, First, Middle Init Qualm, Jaap, Roland, ,    | ial) or Full O | rganization Name                                  |       | Date o | f Po  | coin   | .+     |          |             |        |
|              | Mailing Address 500 West Monroe Street                                      |                |   | - '   |        |       |        |        |          |             |        |
|              |   |                |   |       | 09     |       | D      | 22     | / Y      | 2023        | Ŷ      |
|              | City  | State          | Zip Code  |       | Trans  | sacti | on I   | D:6    | DE0478   | BE20E24     | C32A68 |
|              | Chicago   | IL             | 60661   | /     | Amoun  | t of  | Eac    | h Re   | ceipt th | is Period   | ł      |
|              | FEC ID number of contributing<br>federal political committee.               | С              |   |       |        |       | -<br>- |        | -        | 58          | .00    |
|              | Nome of Employer (for Individual)   | 000            | upotion (for Individual)                          | _     | M      | lemo  | ) Iter | m      |          |             |        |
|              | Name of Employer (for Individual)<br>GE Healthcare                          |                | upation (for Individual)<br>• Cyber Security      |       |        |       |        |        |          |             |        |
|              | Receipt For:  |                | · ·   |       |        |       |        |        |          |             |        |
|              | Primary General   | Aggregate      | Year-to-Date <b>V</b>                             | _     |        |       |        |        |          |             |        |
|              | Other (specify) ▼   |                | 580.00  |       |        |       |        |        |          |             |        |
| <u> </u>     | Full Name of Individual (Last, First, Middle Init<br>Qualm, Jaap, Roland, , | ial) or Full O | rganization Name                                  |       | Date o | of Re | ceip   | ot     |          |             |        |
|              | Mailing Address 500 West Monroe Street                                      |                |   |       | M M    | /     | D      | 20     | / Y      | y y<br>2023 | Y      |
|              | City  | State          | Zip Code  |       | Trans  | sact  | ion l  | ID : E | 8419BC   | 645EC74     | 4DA6AB |
|              | Chicago   | IL             | 60661   | /     | Amoun  | t of  | Eac    | h Re   | ceipt th | is Period   | 1      |
|              | FEC ID number of contributing<br>federal political committee.               | С              |   |       |        |       | y      |        | ,        |             | .00    |
|              | Name of Employer (for Individual)   | Осси           | pation (for Individual)                           |       | N      | lemc  | b Ite  | m      |          |             |        |
|              | GE Healthcare   | VP -           | Cyber Security                                    |       |        |       |        |        |          |             |        |
|              | Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |       |        |       |        |        |          |             |        |
|              | Primary General   |                |   | - L - |        |       |        |        |          |             |        |
|              | Other (specify)   |                | 580.00  |       |        |       |        |        |          |             |        |
|              | JBTOTAL of Receipts This Page (optional)                                    |                |   |       | -      | -     |        |        |          | 174.        | 00     |

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|   | -                  | Use separate schedule(s)                                       | (ch      | eck only        | / one | e)        |               |                        |          |
|---|--------------------|--|----------|-----------------|-------|-----------|---------------|------------------------|----------|
| ITEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page              |          | < 11a<br>13     |       | 11b<br>14 | 11c           | 12                     | 47       |
| Any information copied from such Reports an<br>or for commercial purposes, other than using |                    |  |          | for the         | purpo | ose of    |               |                        |          |
| NAME OF COMMITTEE (In Full)   |                    | duress of any pointear commute                                 | 5 10 30  |                 | nnbu  |           |               |                        |          |
| GE HealthCare Technologies  | Inc. PAC           |  |          |                 |       |           |               |                        |          |
| Full Name of Individual (Last, First, Middle<br>A. Qualm, Jaap, Roland, ,                   | Initial) or Full C | rganization Name   |          | Date of         | Rec   | eipt      |               |                        |          |
| Mailing Address 500 West Monroe Street  |                    |  |          | м м<br>11       | /     | D D<br>17 | / Y           | y y<br>2023            | Y        |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661  |          |                 |       |           |               | 5D338940<br>his Period | 01BA8D2  |
| FEC ID number of contributing federal political committee.                                  | C                  |  |          |                 |       |           | - <del></del> | 58.                    | 00       |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>- Cyber Security                   |          | Me              | emo   | ltem      |               |                        |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>580.00                                       |          |                 |       |           |               |                        |          |
| Full Name of Individual (Last, First, Middle<br>B. Qualm, Jaap, Roland, ,                   | Initial) or Full C | rganization Name   |          | Date of         | Rec   | ·         |               |                        |          |
| Mailing Address 500 West Monroe Street  | Chatta             | Zin Oode   |          | 12 <sup>M</sup> | /     | 15        | / Y           | 2023                   | Ŷ        |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661  | _        |                 |       |           |               | E69BCF4                | 5708751  |
| FEC ID number of contributing federal political committee.                                  | С                  |  |          |                 |       |           |               | 58.                    | .00      |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>- Cyber Security                   |          | Me              | emo   | ltem      |               |                        |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>580.00                                       |          |                 |       |           |               |                        |          |
| Full Name of Individual (Last, First, Middle<br>C. Quinn, Andrew, , ,                       | Initial) or Full C | rganization Name   |          | Date of         | Rec   | eipt      |               |                        |          |
| Mailing Address 500 West Monroe Street  |                    |  |          | м м<br>07       | /     | D D D 28  | / Y           | 2023                   | Y        |
| City<br>Chicago   | State<br>IL        | Zip Code<br>60661  |          |                 |       |           |               | <b>10AFEE</b>          | 424C8D40 |
| FEC ID number of contributing federal political committee.                                  | С                  |  |          | Ē               | ,     |           | y             | 58                     | .00      |
| Name of Employer (for Individual)<br>GE Healthcare  |                    | upation (for Individual)<br>cutive, International Trade and Ec | 0        | Me              | emo   | ltem      |               |                        |          |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate          | Year-to-Date ▼<br>696.00                                       |          |                 |       |           |               |                        |          |
| SUBTOTAL of Receipts This Page (optional)   |                    |  | <u> </u> |                 | ,     |           | ,             | 174.                   | 00       |

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|--|------------------------|---|--------|-----------------|-------|---------------|------------------|----------------|---------------|
| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page               |        | < 11a           |       | 11b           | 11c              | 12             |               |
| Any information copied from such Reports                           | and Statements ma      | ay not be sold or used by any p                                 | person | 13<br>for the   | purp  | 14<br>Dose of | 15<br>soliciting | 16<br>contribu | l 17<br>tions |
| or for commercial purposes, other than us                          | ing the name and a     | address of any political committe                               | e to s | olicit cor      | ntrib | utions f      | rom such         | n committ      | ee.           |
| NAME OF COMMITTEE (In Full)  |                        |   |        |                 |       |               |                  |                |               |
| GE HealthCare Technologi   | es Inc. PAC            |   |        |                 |       |               |                  |                |               |
| Full Name of Individual (Last, First, Mic                          | dle Initial) or Full C | Organization Name   |        |                 |       |               |                  |                |               |
| A. Quinn, Andrew, , ,  |                        |   |        | Date of         | Re    | ceipt         |                  |                |               |
| Mailing Address 500 West Monroe Stree                              | et                     |   |        | м м<br>08       | 1     | D D D 25      | / Y              | y y<br>2023    | Y             |
| City   | State                  | Zip Code  | _      | Trans           | acti  |               | 999B0D           | 7FF3234E       | ED697F2       |
| Chicago  | IL                     | 60661   |        |                 |       |               |                  | is Period      |               |
| FEC ID number of contributing federal political committee.         | C                      |   |        |                 |       | <del>.</del>  | -                | 58.            | 00            |
| Name of Employer (for Individual)                                  | Occ                    | upation (for Individual)  |        | Me              | emo   | Item          |                  |                |               |
| GE Healthcare  | Exe                    | ecutive, International Trade and E                              | со     |                 |       |               |                  |                |               |
| Receipt For:   | Aggregate              | Year-to-Date <b>V</b>   |        |                 |       |               |                  |                |               |
| Primary General  |                        | 696.00  | 11.    |                 |       |               |                  |                |               |
| Other (specify) <b>v</b>   |                        |   | 41.    |                 |       |               |                  |                |               |
| Full Name of Individual (Last, First, Mic<br>B. Quinn, Andrew, , , | dle Initial) or Full C | Organization Name   |        | Date of         | Re    | ceipt         |                  |                |               |
| Mailing Address 500 West Monroe Stree                              | et                     |   |        | M M             | /     | DD            | / Y              | YY             | Y             |
| Other  | Otata                  | Zin Oode  |        | 09              |       | 22            | 1 1              | 2023           |               |
| City<br>Chicago  | State                  | Zip Code<br>60661   |        |                 |       |               |                  |                | 978AC4        |
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| FEC ID number of contributing federal political committee.         | C                      |   |        | Ľ.              |       | <b>_</b>      | -                | 58.            | 00            |
| Name of Employer (for Individual)<br>GE Healthcare                 |                        | cupation (for Individual)<br>ecutive, International Trade and E | со     | Me              | emo   | Item          |                  |                |               |
| Receipt For:   | Aggregate              | Year-to-Date 🔻  |        |                 |       |               |                  |                |               |
| Other (specify)  |                        | 696.00  |        |                 |       |               |                  |                |               |
| Full Name of Individual (Last, First, Mic<br>C. Quinn, Andrew, , , | dle Initial) or Full C | Organization Name   |        | Date of         | Re    | ceipt         |                  |                |               |
| Mailing Address 500 West Monroe Stree                              | ət                     |   |        | 10 <sup>M</sup> | /     | D D D 20      | / Y              | 2023           | Y             |
| City   | State                  | Zip Code  |        |                 |       |               |                  | BA2A7C         | 4C948472      |
| Chicago  | IL                     | 60661   |        | Amount          | of    | Each R        | eceipt th        | is Period      |               |
| FEC ID number of contributing federal political committee.         | C                      |   |        | <u> </u>        | _     | y             | , y              | 58.            | 00            |
| Name of Employer (for Individual)<br>GE Healthcare                 |                        | upation (for Individual)<br>cutive, International Trade and Ed  | co     | M               | emo   | Item          |                  |                |               |
| Receipt For:<br>Primary General<br>Other (specify)                 | Aggregate              | Year-to-Date ▼<br>696.00  | ]      |                 |       |               |                  |                |               |
| SUBTOTAL of Receipts This Page (option                             | nal)                   |   |        |                 |       | 9             |                  | 174.(          | 00            |

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|              | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page             | X         11a         11b         11c         12           13         14         15         16         17 |
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|              | y information copied from such Reports and Si<br>for commercial purposes, other than using the |                 |   | erson for the purpose of soliciting contributions   |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                 |   |   |
|              | GE HealthCare Technologies In  | c. PAC          |   |   |
| A.           | Full Name of Individual (Last, First, Middle Init<br>Quinn, Andrew, , ,                        | ial) or Full Or | ganization Name   | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street   |                 |   | 11 / D D / Y Y Y Y<br>11 17 2023  |
|              | City   | State           | Zip Code  | Transaction ID : 7AE82C9DFABF43E0BFF  |
|              | Chicago  |                 | 60661   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing federal political committee.                                     | С               |   | 58.00   |
|              | Name of Employer (for Individual)  | Occu            | pation (for Individual)                                       | Memo Item   |
|              | GE Healthcare  | Exec            | utive, International Trade and Eco                            |   |
|              | Receipt For:   | Aggregate '     | Year-to-Date ▼  |   |
|              | Primary General  | , iggi ogulo    |   |   |
|              | Other (specify) ▼  |                 | 696.00  |   |
| в.           | Full Name of Individual (Last, First, Middle Init<br>Quinn, Andrew, , ,                        | ial) or Full Or | ganization Name   | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street   |                 |   | 12 15 2023  |
|              | City   | State           | Zip Code  | Transaction ID : EF3B0866549C4FB5A870   |
|              | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing federal political committee.                                     | С               |   | 58.00   |
|              | Name of Employer (for Individual)<br>GE Healthcare   |                 | pation (for Individual)<br>cutive, International Trade and Ec | o Memo Item   |
|              | Receipt For:   |                 | Year-to-Date ▼  | _   |
|              | Primary General  | Aggregate       |   |   |
|              | Other (specify) V  |                 | , 696,00  |   |
| с.           | Full Name of Individual (Last, First, Middle Init Rackliffe, Philip, , ,                       | ial) or Full Or | ganization Name   | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street   |                 |   | 07 28 2023  |
|              | City   | State           | Zip Code  | Transaction ID : B523E5E82C5D4A49BF8  |
|              | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing federal political committee.                                     | С               |   | 50.00   |
|              | Name of Employer (for Individual)<br>GE Healthcare   |                 | pation (for Individual)<br>dent & CEO Image Guided Thera      | pi  |
|              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate `     | Year-to-Date ▼<br>500.00                                      |   |

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| IT.        |   |                 |      | Use separate schedule(s)                              | (C   | heck only       | y or  | ne)       |            |        |          |       |
|------------|---|-----------------|------|---|------|-----------------|-------|-----------|------------|--------|----------|-------|
| 11         | EMIZED RECEIPTS   |                 |      | for each category of the<br>Detailed Summary Page     | [    | X 11a           |       | 11b       | 11c        |        | Г        | 47    |
|            | ny information copied from such Reports and S                               |                 |      |   |      |                 |       |           |            |        | ributio  |       |
| or         | for commercial purposes, other than using the                               | name and a      | addr | ess of any political committee                        | to s | solicit coi     | ntrib | utions fr | om such    | n comi | mittee   | Э.    |
| $ \rangle$ | NAME OF COMMITTEE (In Full)   | 5.4.0           |      |   |      |                 |       |           |            |        |          |       |
|            | GE HealthCare Technologies Ir   | IC. PAC         |      |   |      |                 |       |           |            |        |          |       |
| _          | Full Name of Individual (Last, First, Middle Init                           | tial) or Full O | Drga | nization Name   |      |                 |       |           |            |        |          |       |
| Α.         |   |                 |      |   | _    | Date of         | _     | · .       | _          |        |          | _     |
|            | Mailing Address 500 West Monroe Street                                      |                 |      |   |      | 08              | 1     | 25        | / Y        | 202    | ү ү<br>З |       |
|            | City  | State           |      | Zip Code  |      | Trans           | acti  | ion ID :  | 405E89A    | 7B81   | 244B     | 39460 |
|            | Chicago   | IL              |      | 60661   | _    | Amount          | t of  | Each R    | eceipt th  | is Per | iod      |       |
|            | FEC ID number of contributing federal political committee.                  | С               |      |   |      |                 |       | -         |            |        | 50.00    | )     |
|            | Name of Employer (for Individual)<br>GE Healthcare                          |                 | •    | tion (for Individual)<br>nt & CEO Image Guided Thera  | ър   | M               | emo   | ltem      |            |        |          |       |
|            | Receipt For:  | Aggregate       | Yea  | ar-to-Date V  |      |                 |       |           |            |        |          |       |
|            | Primary General   |                 |      |   |      |                 |       |           |            |        |          |       |
|            | Other (specify) <b>v</b>  |                 | -    | 500.00  |      |                 |       |           |            |        |          |       |
| в.         | Full Name of Individual (Last, First, Middle Ini<br>Rackliffe, Philip, , ,  | tial) or Full O | Drga | nization Name   |      | Date of         | Re    | ceipt     |            |        |          |       |
|            | Mailing Address 500 West Monroe Street                                      |                 |      |   |      | м м<br>09       | 1     | D D D 22  | / Y        | 2023   |          |       |
|            | City  | State           |      | Zip Code  |      |                 |       |           | DAD2C7     |        |          | D792B |
|            | Chicago   | IL              | _    | 60661   | _    | Amount          | t of  | Each R    | eceipt th  | is Per | iod      |       |
|            | FEC ID number of contributing federal political committee.                  | C               |      |   |      | Ľ.              | _     |           |            |        | 50.00    | )     |
|            | Name of Employer (for Individual)<br>GE Healthcare                          |                 | •    | tion (for Individual)<br>ent & CEO Image Guided Thera | at   | M               | emo   | ltem      |            |        |          |       |
|            | Receipt For:  | Aggregate       | Yea  | ar-to-Date 🔻  |      |                 |       |           |            |        |          |       |
|            | Other (specify)   |                 | ,    | 500.00  |      |                 |       |           |            |        |          |       |
| <u></u> .  | Full Name of Individual (Last, First, Middle Init<br>Rackliffe, Philip, , , | tial) or Full O | Drga | nization Name   |      | Date of         | Re    | ceipt     |            |        |          |       |
|            | Mailing Address 500 West Monroe Street                                      |                 |      |   |      | 10 <sup>M</sup> | /     | D D D 20  | / Y        | 2023   |          |       |
|            | City  | State           |      | Zip Code  |      | Trans           | act   | ion ID :  | 1625B4F    | -60D8  | 84B5     | 39116 |
|            | Chicago   | IL              |      | 60661   | _    | Amount          | t of  | Each R    | eceipt th  | is Per | iod      |       |
|            | FEC ID number of contributing federal political committee.                  | С               |      |   |      | <u> </u>        |       | <b>,</b>  | , <u>,</u> |        | 50.00    | )     |
|            | Name of Employer (for Individual)<br>GE Healthcare                          |                 | •    | tion (for Individual)<br>nt & CEO Image Guided Thera  | pi   | M               | emc   | ltem      |            |        |          |       |
|            | Receipt For:         Primary       General         Other (specify)          | Aggregate       | Yea  | ar-to-Date ▼<br>500.00                                |      |                 |       |           |            |        |          |       |
| s          | SUBTOTAL of Receipts This Page (optional)                                   |                 |      | ••••••  |      |                 |       | 5         | ,          | 1      | 50.00    | )     |

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| IT.                    |   |                  | Use separate schedule(s)                                    | (0      | check onl  | y on   | e)        |                       |          |          |      |
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| 11                     | EMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page           |         | X 11a      |        | 11b       | 11c                   | 12       | <b>—</b> | 17   |
|                        | ny information copied from such Reports and S                                 |                  |   |         |            |        |           |                       |          |          |      |
| or                     | for commercial purposes, other than using the                                 | e name and a     | address of any political commi-                             | ttee to | solicit co | ntribı | utions fr | om such               | o commi  | ttee.    |      |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   | _                |   |         |            |        |           |                       |          |          |      |
|                        | GE HealthCare Technologies I  | nc. PAC          |   |         |            |        |           |                       |          |          |      |
| _                      | Full Name of Individual (Last, First, Middle In                               | itial) or Full C | Drganization Name   |         |            |        |           |                       |          |          |      |
| Α.                     |   |                  |   |         | Date of    | _      | •         | _                     |          |          | _    |
|                        | Mailing Address 500 West Monroe Street  |                  |   |         | 11 M       |        | D D D 17  | / Y                   | 2023     | Y        |      |
|                        | City  | State            | Zip Code  |         | Trans      | actio  | on ID : I | E5828C6               | 6B83284  | 150B     | A464 |
|                        | Chicago   | IL               | 60661   |         | Amoun      | t of I | Each Re   | eceipt thi            | is Perio | d        |      |
|                        | FEC ID number of contributing federal political committee.                    | С                |   |         |            |        | _         |                       | 50       | 0.00     |      |
|                        | Name of Employer (for Individual)   | Occ              | cupation (for Individual)                                   |         | M          | emo    | Item      |                       |          |          |      |
|                        | GE Healthcare   | Pres             | sident & CEO Image Guided Th                                | herap   |            |        |           |                       |          |          |      |
|                        | Receipt For:  | Aggregate        | Year-to-Date <b>V</b>                                       |         |            |        |           |                       |          |          |      |
|                        | Other (specify) ▼   |                  | 500.00  |         |            |        |           |                       |          |          |      |
|                        |   |                  |   |         |            |        |           |                       |          |          |      |
| в.                     | Full Name of Individual (Last, First, Middle In Rackliffe, Philip, , ,        | itial) or Full C | Organization Name   |         | Date of    | f Red  | ceipt     |                       |          |          |      |
|                        | Mailing Address 500 West Monroe Street  |                  |   |         |            | /      |           | / Y                   | Y Y      | Y        | 1    |
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|                        | Chicago   | IL               | 60661   | -       |            |        |           | 39F942B<br>eceipt thi |          |          | A97A |
|                        | FEC ID number of contributing   |                  |   |         | , unoun    |        |           |                       |          | ŭ        | -    |
|                        | federal political committee.  | С                |   |         |            |        |           | <u> </u>              | 50       | 0.00     |      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                            |                  | cupation (for Individual)<br>esident & CEO Image Guided T   | heraț   | M          | emo    | Item      |                       |          |          |      |
|                        | Receipt For:  | Aggregate        | Year-to-Date <b>V</b>                                       |         |            |        |           |                       |          |          |      |
|                        | Primary General<br>Other (specify) ▼  |                  | , 500.00  |         |            |        |           |                       |          |          |      |
| —<br>c.                | Full Name of Individual (Last, First, Middle In<br>Rameswamy, Nagaraajan, , , | itial) or Full C | Drganization Name   |         | Date of    | f Do   | coint     |                       |          |          |      |
| 0.                     | Mailing Address 500 West Monroe Street  |                  |   |         | 07         | _      | 28        | / Y                   | 2023     | Y        |      |
|                        | City  | State            | Zip Code  |         | Trans      | acti   | on ID :   | 5A18E48               | 3715124  | 5FE      | 968E |
|                        | Chicago   | IL               | 60661   |         | Amoun      | t of I | Each Re   | eceipt thi            | is Perio | d        |      |
|                        | FEC ID number of contributing federal political committee.                    | С                |   |         |            |        | y .       | . <u>,</u>            | 58       | 8.00     |      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                            |                  | cupation (for Individual)<br>- Software Engineering, Edison | Ente    | М          | emo    | ltem      |                       |          |          |      |
|                        | Receipt For:  | Aggregate        | Year-to-Date ▼  |         |            |        |           |                       |          |          |      |
|                        | Other (specify)   |                  | 406.00  |         |            |        |           |                       |          |          |      |
| s                      | <b>UBTOTAL</b> of Receipts This Page (optional)                               |                  |   |         | <u> </u>   |        | ,         | ,                     | 158      | 8.00     |      |

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|  |                  | for each category of the<br>Detailed Summary Page             |       | < 11a           |       | 11b          | 11c              | 12         |            |
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| or for commercial purposes, other than using th                                  | e name and a     | address of any political committee                            | to so | olicit con      | tribu | itions f     | rom such         | n committe | ee.        |
| NAME OF COMMITTEE (In Full)  |                  |   |       |                 |       |              |                  |            |            |
| GE HealthCare Technologies I   | nc. PAC          |   |       |                 |       |              |                  |            |            |
| Full Name of Individual (Last, First, Middle In<br>A. Rameswamy, Nagaraajan, , , | itial) or Full C | Organization Name   |       | Date of         | Poo   | oint         |                  |            |            |
| A. Rameswamy, Nagaraajan, , ,<br>Mailing Address 500 West Monroe Street          |                  |   | _     |                 | nec   | ,eihr        |                  | YYY        | V          |
| Street   |                  |   |       | 08              | ľ.    | 25           | , 1              | 2023       |            |
| City   | State            | Zip Code  |       | Transa          | actic | on ID :      | E5083F1          | A066A44    | CCB292     |
| Chicago  | IL               | 60661   | _     | Amount          | of E  | Each R       | eceipt thi       | is Period  |            |
| FEC ID number of contributing federal political committee.                       | С                |   |       |                 |       | -            |                  | 58.0       | 00         |
| Name of Employer (for Individual)<br>GE Healthcare                               |                  | upation (for Individual)<br>- Software Engineering, Edison En | ite   | Ме              | emo   | ltem         |                  |            |            |
| Receipt For:   | Aggregate        | Year-to-Date V  |       |                 |       |              |                  |            |            |
| Primary General  |                  | 406.00  |       |                 |       |              |                  |            |            |
| Other (specify) ▼  |                  | 400.00  |       |                 |       |              |                  |            |            |
| Full Name of Individual (Last, First, Middle In Rameswamy, Nagaraajan, , ,       | itial) or Full C | Organization Name   |       | Date of         | Rec   | eipt         |                  |            |            |
| Mailing Address 500 West Monroe Street   |                  |   |       | м м<br>09       | /     | D D D 22     | / Y              | 2023       | Y          |
| City   | State            | Zip Code  |       | Transa          | actio | n ID :       | 5FC054C          | 91F7245    | 51B984     |
| Chicago  | IL               | 60661   |       | Amount          | of E  | Each R       | eceipt thi       | is Period  |            |
| FEC ID number of contributing federal political committee.                       | С                |   |       |                 |       | -            | -                | 58.0       | 00         |
| Name of Employer (for Individual)<br>GE Healthcare                               |                  | upation (for Individual)<br>- Software Engineering, Edison Er | nti   | Me              | emo   | ltem         |                  |            |            |
| Receipt For:   | Aggregate        | Year-to-Date <b>V</b>   |       |                 |       |              |                  |            |            |
| Other (specify) ▼  |                  | 406.00  |       |                 |       |              |                  |            |            |
| Full Name of Individual (Last, First, Middle In<br>C. Rapp, James, P, ,          | itial) or Full C | Organization Name   |       | Date of         | Rec   | eipt         |                  |            |            |
| Mailing Address 500 West Monroe Street   |                  |   |       | 07 <sup>M</sup> | 1     | 28           | / Y              | 2023       | Y          |
| City   | State            | Zip Code  |       | Transa          | actio | on ID :      | CFD6CD           | 6E09B04    | 7E09A95    |
| Chicago  | IL               | 60661   | _     | Amount          | of E  | Each R       | eceipt th        | is Period  |            |
| FEC ID number of contributing federal political committee.                       | С                |   |       |                 |       | ,            | - J              | 58.0       | 00         |
| Name of Employer (for Individual)<br>GE Healthcare                               |                  | upation (for Individual)<br>ctor of Strategic Alliances, IGS  |       | Me              | emo   | ltem         |                  |            |            |
| Receipt For:   | Aggregate        | Year-to-Date ▼  |       |                 |       |              |                  |            |            |
| Other (specify)  |                  | 351.00  |       |                 |       |              |                  |            |            |
| SUBTOTAL of Receipts This Page (optional)  |                  | •   | <br>- |                 |       | ,            | ,                | 174.(      | 00         |

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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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|             | nformation copied from such Reports and St<br>commercial purposes, other than using the |                 |  |     |            | purp   |          |            |             |        |
| · · · · · · |   |                 | duress of any political con                              |     |            |        |          |            | T COMMIN    | lee.   |
| \<br>\      | E HealthCare Technologies In  | c. PAC          |  |     |            |        |          |            |             |        |
| Eu          | Il Name of Individual (Last, First, Middle Initi  | ial) or Full Or | ganization Name  |     |            |        |          |            |             |        |
|             | Rapp, James, P, ,   |                 | gaalloir r ta.r.o  |     | Date of    | f Rec  | ceipt    |            |             |        |
| Ma          | ailing Address 500 West Monroe Street   |                 |  |     | M          | /      |          | ) / Y      | Y Y         | Y      |
|             |   | Ototo           | Zin Oada   |     | 08         | - L.   | 25       |            | 2023        |        |
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|             | C ID number of contributing<br>leral political committee.                               | С               |  |     |            |        | <b>y</b> |            | 58          | .00    |
| Na          | me of Employer (for Individual)   | Occu            | pation (for Individual)                                  |     | M          | emo    | Item     |            |             |        |
|             | E Healthcare  |                 | ctor of Strategic Alliances,                             | IGS |            |        |          |            |             |        |
| -           | ceipt For:  |                 | Year-to-Date ▼   |     |            |        |          |            |             |        |
| Γ           | Primary General   | Ayyreyale       |  | _   |            |        |          |            |             |        |
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| Fu          | II Name of Individual (Last, First, Middle Initi  | ial) or Full Or | ganization Name  |     |            |        |          |            |             |        |
|             | app, James, P, ,  |                 | gamzaton namo  |     | Date of    | f Rec  | ceipt    |            |             |        |
|             | iling Address 500 West Monroe Street  |                 |  |     | м м<br>09  | /      | 22       | / Y        | 2023        | Y      |
| Ci          | у   | State           | Zip Code   |     | Trans      | actio  | n ID ·   | 3D56A1     | 2201434     | 9000   |
| C           | nicago  | IL              | 60661  |     |            |        |          | leceipt th |             |        |
|             | C ID number of contributing<br>leral political committee.                               | С               |  |     |            |        | y        |            |             | .00    |
| N           | ame of Employer (for Individual)  | Occu            | pation (for Individual)                                  |     | M          | emo    | Item     |            |             |        |
|             | E Healthcare  |                 | ctor of Strategic Alliances,                             | IGS |            |        |          |            |             |        |
|             | ceipt For:  |                 | Year-to-Date V   |     |            |        |          |            |             |        |
| Γ           | Primary General   | Ayyreyale       |  | _   |            |        |          |            |             |        |
| Ľ           | Other (specify)   |                 | , 351.0  | 00  |            |        |          |            |             |        |
|             | II Name of Individual (Last, First, Middle Initi  | ial) or Full Or | ganization Name  |     | Date of    | f Rec  | reint    |            |             |        |
|             | ailing Address 500 West Monroe Street   |                 |  |     | 10 Late 6. | _      | 20       |            | y y<br>2023 | Y      |
| Ci          | у   | State           | Zip Code   |     | Trans      | actio  | on ID :  | 2B2348     | 38F5674     | 429AB1 |
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|             | C ID number of contributing leral political committee.                                  | С               |  |     | <u> </u>   |        | y .      |            | 58          | .00    |
|             | me of Employer (for Individual)<br>E Healthcare   |                 | pation (for Individual)<br>tor of Strategic Alliances, I | IGS | M          | emo    | ltem     |            |             |        |
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| or            | for commercial purposes, other than using the r                               | name and a    | ddress of any political committee                             | to so | olicit cor | ntrib | utions fr | om such              | n comr    | nittee   | 9.       |
| $  \setminus$ | NAME OF COMMITTEE (In Full)   | <b></b>       |   |       |            |       |           |                      |           |          |          |
| /             | GE HealthCare Technologies Inc  | C. PAC        |   |       |            |       |           |                      |           |          |          |
| Α.            | Full Name of Individual (Last, First, Middle Initia<br>Rapp, James, P, ,      | al) or Full O | rganization Name  |       | Date of    | Re    | ceipt     |                      |           |          |          |
|               | Mailing Address 500 West Monroe Street  |               |   |       | м м<br>11  | /     | D D<br>17 | / Y                  | 2023      | ү ү<br>З | 1        |
|               | City<br>Chicago   | State<br>IL   | Zip Code<br>60661   | _     |            |       |           | E2550A9<br>eceipt th |           |          | 6BA561   |
|               | FEC ID number of contributing federal political committee.                    | С             |   |       |            |       | -         | -                    |           | 58.00    |          |
|               | Name of Employer (for Individual)<br>GE Healthcare                            |               | upation (for Individual)<br>actor of Strategic Alliances, IGS |       | Me         | emo   | Item      |                      |           |          |          |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate     | Year-to-Date ▼<br>351.00                                      |       |            |       |           |                      |           |          |          |
| В.            | Full Name of Individual (Last, First, Middle Initia<br>Retzlaff, Heidi, B., , | al) or Full O | rganization Name  |       | Date of    | Re    | ceipt     |                      |           |          |          |
|               | Mailing Address 500 West Monroe Street  |               |   |       | м м<br>07  | 1     | 28        | / Y                  | 2023      |          |          |
|               | City<br>Chicago   | State<br>IL   | Zip Code<br>60661   |       |            |       |           | 5A5D691<br>eceipt th |           |          | OBFEC    |
|               | FEC ID number of contributing federal political committee.                    | С             |   |       |            |       | -         | J-                   | Ę         | 58.00    |          |
|               | Name of Employer (for Individual)<br>GE Healthcare                            |               | upation (for Individual)<br>bal Labor & Employment Counsel    |       | Me         | emo   | Item      |                      |           |          |          |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate     | Year-to-Date ▼<br>696.00                                      |       |            |       |           |                      |           |          |          |
| <u>с</u> .    | Full Name of Individual (Last, First, Middle Initia<br>Retzlaff, Heidi, B., , | al) or Full O | rganization Name  |       | Date of    | Re    | ceipt     |                      |           |          |          |
|               | Mailing Address 500 West Monroe Street  |               |   |       | 08         | /     | 25        | / Y                  | y<br>2023 |          | 1        |
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|               | Name of Employer (for Individual)<br>GE Healthcare                            |               | upation (for Individual)<br>oal Labor & Employment Counsel    |       | Me         | emo   | ttem      |                      |           |          |          |
|               | Receipt For:<br>Primary General<br>Other (specify)                            | Aggregate     | Year-to-Date ▼<br>696.00                                      |       |            |       |           |                      |           |          |          |
| s             | UBTOTAL of Receipts This Page (optional)                                      |               | ▶   |       |            |       | 9         |                      | 17        | 74.00    |          |

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| NAME OF COMMITTEE (In Full)  |                    | address of any political continute                          | 0 10 5 |                 |                  | 10115 | Suc   | Commu                  |         |  |  |
| GE HealthCare Technologies   | Inc. PAC           |   |        |                 |                  |       |       |                        |         |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Retzlaff, Heidi, B., ,                    | Initial) or Full C | Drganization Name   |        | Date of         | Red              | ceipt |       |                        |         |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |        | м м<br>09       | /                | 22    | ) / Y | y<br>2023              | Y       |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661   |        |                 |                  |       |       | 3D131244<br>his Period | CAE90C9 |  |  |
| FEC ID number of contributing federal political committee.                                   | C                  |   |        | <u> </u>        |                  | ,     |       | 58.                    | 00      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | cupation (for Individual)<br>bal Labor & Employment Counsel |        | Me              | emo              | Item  |       |                        |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>696.00                                    | ]      |                 |                  |       |       |                        |         |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Retzlaff, Heidi, B., ,             | Initial) or Full C | Drganization Name   |        | Date of         | Red              | ceipt |       |                        |         |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |        | <sup>M</sup> 10 | /                | 20    |       | 2023                   | Y       |  |  |
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| Name of Employer (for Individual)<br>GE Healthcare   |                    | cupation (for Individual)<br>bbal Labor & Employment Counse | 1      | Me              | emo              | Item  |       |                        |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>696.00                                    | ]      |                 |                  |       |       |                        |         |  |  |
| Full Name of Individual (Last, First, Middle C. Retzlaff, Heidi, B., ,                       | Initial) or Full C | Drganization Name   |        | Date of         | Red              | ceipt |       |                        |         |  |  |
| Mailing Address 500 West Monroe Street   |                    |   |        | <sup>M</sup> 11 | /                | D 17  | ) / Y | 2023 Y                 | Y       |  |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661   |        |                 |                  |       |       | 8FFD2840<br>nis Period |         |  |  |
| FEC ID number of contributing federal political committee.                                   | С                  |   |        | Ľ.              |                  | , .   | . ,   | 58.                    |         |  |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | supation (for Individual)<br>bal Labor & Employment Counsel |        | Me              | emo              | ltem  |       |                        |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>696.00                                    | ]      |                 |                  |       |       |                        |         |  |  |
| SUBTOTAL of Receipts This Page (optional).   |                    |   | ► _    |                 | _                | ,     | . ,   | 174.                   | 00      |  |  |

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Use separate schedule(s)

FOR LINE NUMBER:

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|  |                      | Use separate schedule(s)                                     | (check      | only            | one)       |            |           |        |       |
|--|----------------------|--|-------------|-----------------|------------|------------|-----------|--------|-------|
| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page            |             | ŀ               | 11b        | 11c        | 12        | Г      |       |
| Any information copied from such Reports a                               |                      |  |             | the p           |            |            |           |        |       |
| or for commercial purposes, other than using                             | g the name and a     | ddress of any political committee                            | e to solici | con             | tributions | s from suc | h comm    | nittee |       |
| NAME OF COMMITTEE (In Full)  |                      |  |             |                 |            |            |           |        |       |
| GE HealthCare Technologie  | s Inc. PAC           |  |             |                 |            |            |           |        |       |
| Full Name of Individual (Last, First, Middl<br>A. Retzlaff, Heidi, B., , | e Initial) or Full C | rganization Name   | Dat         | e of            | Receipt    |            |           |        |       |
| Mailing Address 500 West Monroe Street                                   |                      |  |             | <sup>™</sup>    | / D        | D / Y<br>5 | 2023      |        | 1     |
| City   | State                | Zip Code   |             | ransa           | ction ID   | : 4FCA20   | C6EC72    | 9423   | A839E |
| Chicago  | IL                   | 60661  | Am          | ount            | of Each    | Receipt th | nis Perio | bd     |       |
| FEC ID number of contributing federal political committee.               | C                    |  |             |                 |            |            | 5         | 8.00   |       |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>bal Labor & Employment Counsel   |             | Me              | mo Item    |            |           |        |       |
| Receipt For:   | Aggregate            | Year-to-Date ▼   |             |                 |            |            |           |        |       |
| Primary     General       Other (specify) ▼                              |                      | 696.00   | 1           |                 |            |            |           |        |       |
| Full Name of Individual (Last, First, Middl<br>B. Reyna, Jennifer, , ,   | e Initial) or Full C | rganization Name   | Dat         | e of            | Receipt    |            |           |        |       |
| Mailing Address 500 West Monroe Street                                   |                      |  |             | 11 <sup>™</sup> |            | D / Y<br>7 | 2023      | Y      | 1     |
| City   | State                | Zip Code   | Tr          | ansa            | ction ID   | : 98BE71   | 089AFD    | 480    | 59C69 |
| Chicago  | IL                   | 60661  | Am          | ount            | of Each    | Receipt th | nis Perio | bd     |       |
| FEC ID number of contributing federal political committee.               | С                    |  |             | _               | -9         |            | 4         | 0.00   |       |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>vice Product Manager - Imaging a | ini         | Me              | mo Item    |            |           |        |       |
| Receipt For:   | Aggregate            | Year-to-Date ▼   |             |                 |            |            |           |        |       |
| Primary General<br>Other (specify) ▼                                     |                      | 280.00   |             |                 |            |            |           |        |       |
| Full Name of Individual (Last, First, Middl<br>C. Reyna, Jennifer, , ,   | e Initial) or Full C | rganization Name   | Dat         | e of            | Receipt    |            |           |        |       |
| Mailing Address 500 West Monroe Street                                   |                      |  |             | 12 <sup>™</sup> | / D        | 5 / Y      | 2023      | Y      | 1     |
| City   | State                | Zip Code   | Т           | ransa           | action ID  | ) : 872EC9 | 93DF41    | 4D0    | 8AA8F |
| Chicago  | IL                   | 60661  | Am          | ount            | of Each    | Receipt th | nis Perio | bd     |       |
| FEC ID number of contributing federal political committee.               | С                    |  |             | _               | y          |            | 4         | 0.00   |       |
| Name of Employer (for Individual)<br>GE Healthcare                       |                      | upation (for Individual)<br>vice Product Manager - Imaging a | nd          | Me              | mo Item    | I          |           |        |       |
| Receipt For:<br>Primary General<br>Other (specify)                       | Aggregate            | Year-to-Date ▼<br>280.00                                     | 1           |                 |            |            |           |        |       |
| SUBTOTAL of Receipts This Page (optiona                                  | l)                   |  |             |                 | 5          |            | 13        | 8.00   |       |

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Use separate schedule(s)

FOR LINE NUMBER:

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|   | -                        | Use separate schedule(s)   | (check only one)   |
|---|--------------------------|--|--|
| ITEMIZED RECEIPTS   |                          | for each category of the<br>Detailed Summary Page                  | X 11a 11b 11c 12   |
|   |                          |  | 13 14 15 16 1  |
| Any information copied from such Reports a<br>or for commercial purposes, other than usin | nd Statements main and a | ay not be sold or used by any<br>address of any political committe | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   | <u>.</u>                 | ······································                             |  |
| GE HealthCare Technologie   | s Inc. PAC               |  |  |
| Full Name of Individual (Last, First, Midd  | le Initial) or Full C    | Prganization Name  |  |
| A. Robbins, George, E, ,  |                          |  | Date of Receipt  |
| Mailing Address 500 West Monroe Street  |                          |  | 07 28 2023   |
| City  | State                    | Zip Code   | Transaction ID : AFFA09D35A964D20B   |
| Chicago   | IL                       | 60661  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C                        |  | 58.00  |
| Name of Employer (for Individual)<br>GE Healthcare  |                          | upation (for Individual)<br>n Leader Imaging                       | Memo Item  |
| Receipt For:  | Aggregate                | Year-to-Date ▼   |  |
| Other (specify) ▼   |                          | 600.00   | 1  |
|   |                          | Apr  |  |
| Full Name of Individual (Last, First, Midd<br>B. Robbins, George, E, ,                    | le Initial) or Full C    | organization Name  | Date of Receipt  |
| Mailing Address 500 West Monroe Street  |                          |  | 08 25 2023   |
| City  | State                    | Zip Code   | Transaction ID : B56B5E17452D44E1BE  |
| Chicago   | IL                       | 60661  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C                        |  | 58.00  |
| Name of Employer (for Individual)   |                          | upation (for Individual)   | Memo Item  |
| GE Healthcare   | Lea                      | In Leader Imaging  |  |
| Receipt For:<br>Primary General   | Aggregate                | Year-to-Date ▼   |  |
| Other (specify) ▼   |                          | 600.00   |  |
| Full Name of Individual (Last, First, Midd  | le Initial) or Full C    | Organization Name  |  |
| <b>C.</b> Robbins, George, E, ,   |                          |  | Date of Receipt  |
| Mailing Address 500 West Monroe Street  |                          |  | 09 22 2023   |
| City  | State                    | Zip Code   | Transaction ID : 3224FB7DA7E644AA8   |
| Chicago   | IL                       | 60661  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                | C                        |  | 58.00  |
| Name of Employer (for Individual)<br>GE Healthcare  |                          | upation (for Individual)<br>n Leader Imaging                       | Memo Item  |
| Receipt For:  | I                        |  | —  |
| Primary General   | Aggregate                | Year-to-Date ▼   |  |
| Other (specify)   |                          | 600.00   |  |
| SUBTOTAL of Receipts This Page (optional  | al)                      |  | 174.00   |
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### 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)

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|             |   |                 | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
|-------------|---|-----------------|---|---|
|             | v information copied from such Reports and Sta  |                 |   | erson for the purpose of soliciting contributions   |
| 1 /         | NAME OF COMMITTEE (In Full)   |                 |   |   |
|             | GE HealthCare Technologies In   | c. PAC          |   |   |
| <b>A.</b> _ | Full Name of Individual (Last, First, Middle Initi<br>Robbins, George, E, ,<br>Mailing Address 500 West Monroe Street | al) or Full Org | ganization Name                                   | Date of Receipt   |
| -           | City  | State           | Zip Code  | المتنبيا لينا لينا  |
|             | Chicago   | IL              | 60661   | Transaction ID : 44D947E23DF2403AB412   |
| -           | -   |                 | 00001   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing ederal political committee.   | С               |   | 58.00   |
| ī           | Name of Employer (for Individual)   | Occu            | pation (for Individual)                           | Memo Item   |
| (           | GE Healthcare   | Lean            | Leader Imaging                                    | -   |
| Ē           | Receipt For:  |                 | /ear-to-Date ▼                                    |   |
|             | Primary General   | Ayyreyale       |   |   |
|             | Other (specify)   |                 | 600.00  | ]   |
|             | Full Name of Individual (Last, First, Middle Initi Robbins, George, E, ,  | al) or Full Or  | ganization Name                                   | Date of Receipt   |
| ľ           | Mailing Address 500 West Monroe Street  |                 |   | 11 17 2023  |
| (           | City  | State           | Zip Code  | Transaction ID : 273A0DEF8CB24EF6B238   |
|             | Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing ederal political committee.   | С               |   | 58.00   |
| ī           | Name of Employer (for Individual)   | Occu            | pation (for Individual)                           | Memo Item   |
|             | GE Healthcare   |                 | Leader Imaging                                    | -   |
| _           | Receipt For:  | Aggrogato V     | /ear-to-Date ▼                                    |   |
|             | Primary General   | Ayyreyale       |   |   |
|             | Other (specify)   |                 | 600,00  | ]   |
|             | Full Name of Individual (Last, First, Middle Initi<br>Robbins, George, E, ,   | al) or Full Or  | ganization Name                                   | Date of Receipt   |
| 1           | Mailing Address 500 West Monroe Street  |                 |   | M M / D D / Y Y Y Y<br>12 15 2023   |
|             | City  | State           | Zip Code  | Transaction ID : 435E60B1C3ED4433A43A   |
| _           | Chicago   | IL              | 60661   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing ederal political committee.   | С               |   | 58.00   |
|             | Name of Employer (for Individual)<br>GE Healthcare  |                 | pation (for Individual)<br>Leader Imaging         | Memo Item   |
| F           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y     | /ear-to-Date ▼<br>600.00                          | 1   |
| su          | BTOTAL of Receipts This Page (optional)   |                 |   | 174.00  |

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Use separate schedule(s)

FOR LINE NUMBER:

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|  |                            | Use separate schedule(s)   | (check only one)     |  |            |            |               |  |  |  |  |
|--|----------------------------|--|----------------------|--|------------|------------|---------------|--|--|--|--|
| TEMIZED RECEIPTS   |                            | for each category of the<br>Detailed Summary Page  | X 11a                | 11b  | 11c<br>15  | 12<br>16   | 17            |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>GE HealthCare Technologies  | ne name and a              |  | erson for the        | purpose of s   | soliciting | contributi | ons           |  |  |  |  |
| GE l'ealtricale l'échilologies   | IIIC. FAC                  |  |                      |  |            |            |               |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>Rosales, Brittany, , ,<br>Mailing Address 500 West Monroe Street<br>City<br>Chicago<br>FEC ID number of contributing<br>federal political committee.   | State<br>IL<br>C           | Zip Code<br>60661  | Amoun                | 17<br>saction ID : 2<br>t of Each Re                             |            |            | 7EA81D        |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | upation (for Individual)<br>ector - System Operations<br>Year-to-Date ▼<br>250.00                          | M                    | emo Item   |            |            |               |  |  |  |  |
| Full Name of Individual (Last, First, Middle I         Rosales, Brittany, , ,         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify) ▼    | State<br>IL<br>Occ<br>Dire | Zip Code<br>60661<br>upation (for Individual)<br>ector - System Operations<br>Year-to-Date V<br>250.00     | 12<br>Trans<br>Amoun | f Receipt<br>/ 15<br>f action ID : D<br>t of Each Re<br>emo Item | BA6D5      |            | 308F88        |  |  |  |  |
| Full Name of Individual (Last, First, Middle I         Rowland, Chad, A, ,         Mailing Address 500 West Monroe Street         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         GE Healthcare         Receipt For:         Primary       General         Other (specify) | State<br>IL<br>Occo<br>GM, | Zip Code<br>60661<br>upation (for Individual)<br>Global Premium CT & Photon Co<br>Year-to-Date ▼<br>720.00 | Amoun                | f Receipt<br>/ 28<br>saction ID : 8<br>t of Each Re<br>emo Item  | 3C5D597    | -          | <b>71BE8C</b> |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                            | •••••  |                      |  |            | 110.0      | 0             |  |  |  |  |

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|                            | D RECEIPTS   |                               | for each category of the                    |                                     |                 |                 | (check only one) |            |               |         |  |  |  |  |
|----------------------------|--|-------------------------------|---|-------------------------------------|-----------------|-----------------|------------------|------------|---------------|---------|--|--|--|--|
|                            |  |                               | Detailed Summa                              |                                     | X 11a           |                 | 11b              | 11c        | 12<br>16      | 17      |  |  |  |  |
| Any informa<br>or for comm | ation copied from such Reports and S<br>nercial purposes, other than using the | Statements ma<br>e name and a | ay not be sold or u<br>ddress of any polit  | sed by any pers<br>ical committee t | son for the     | e pur<br>ontrib | pose of          | soliciting | contribut     | ions    |  |  |  |  |
| ∖ NAME O                   | F COMMITTEE (In Full)  |                               |   |                                     |                 |                 |                  |            |               |         |  |  |  |  |
| ∕ GE H                     | ealthCare Technologies Ir  | nc. PAC                       |   |                                     |                 |                 |                  |            |               |         |  |  |  |  |
|                            | ne of Individual (Last, First, Middle Ini<br>nd, Chad, A, ,                    | itial) or Full O              | rganization Name                            |                                     | Date            | of Re           | eceipt           |            |               |         |  |  |  |  |
| Mailing A                  | Address 500 West Monroe Street   |                               |   |                                     | 08              | M /             | D D D 25         | / Y        | y y y<br>2023 | Y       |  |  |  |  |
| City                       |  | State                         | Zip Code                                    |                                     | Trar            | sact            | ion ID : I       | B2D0DF     | 733BCA4       | C1C9C9  |  |  |  |  |
| Chicago                    |  | IL                            | 60661                                       |                                     | Amou            | nt of           | Each Re          | eceipt th  | is Period     |         |  |  |  |  |
|                            | number of contributing olitical committee.                                     | С                             |   |                                     |                 |                 | -                | -7         | 60.0          | 0       |  |  |  |  |
| Name of<br>GE Healt        | Employer (for Individual)<br>thcare  |                               | upation (for Individu<br>Global Premium C   | ,                                   |                 | Memo            | o Item           |            |               |         |  |  |  |  |
| Receipt I                  |  | Aggregate                     | Year-to-Date 🔻                              |                                     | ]               |                 |                  |            |               |         |  |  |  |  |
|                            | mary General<br>ner (specify) ▼  |                               | aya 1 aya 1                                 | 720.00                              |                 |                 |                  |            |               |         |  |  |  |  |
| B. Rowlar                  | ne of Individual (Last, First, Middle Ini<br>nd, Chad, A, ,                    | itial) or Full O              | rganization Name                            |                                     | Date            | of Re           | eceipt           |            |               |         |  |  |  |  |
| Mailing A                  | Address 500 West Monroe Street   |                               |   |                                     | 09              | M /             | D D 22           | / Y        | 2023          | Y       |  |  |  |  |
| City                       |  | State                         | Zip Code                                    |                                     | Tran            | sact            | ion ID : 8       | 3590467    | 7DBED49       | B1B0F6  |  |  |  |  |
| Chicago                    |  | IL                            | 60661                                       |                                     | Amou            | nt of           | Each Re          | eceipt th  | is Period     |         |  |  |  |  |
|                            | number of contributing olitical committee.                                     | С                             |   |                                     |                 |                 | -                | -          | 60.0          | 0       |  |  |  |  |
| GE Healt                   |  |                               | upation (for Individu<br>, Global Premium C | ,                                   | י 🗌 🛛           | Memo            | o Item           |            |               |         |  |  |  |  |
| Receipt I                  |  | Aggregate                     | Year-to-Date 🔻                              |                                     |                 |                 |                  |            |               |         |  |  |  |  |
|                            | mary General<br>ner (specify) ▼  |                               | <b>, , , , ,</b>                            | 720.00                              |                 |                 |                  |            |               |         |  |  |  |  |
|                            | ne of Individual (Last, First, Middle Ini<br>and, Chad, A, ,                   | tial) or Full O               | rganization Name                            |                                     | Date            | of Re           | eceipt           |            |               |         |  |  |  |  |
| Mailing A                  | Address 500 West Monroe Street   |                               |   |                                     | <sup>M</sup> 10 |                 | D D<br>20        | / Y        | 2023 Y        | Y       |  |  |  |  |
| City                       |  | State                         | Zip Code                                    |                                     | Trar            | nsact           | ion ID :         | 4A786A     | EBB59C4       | E959E2/ |  |  |  |  |
| Chicago                    | •  | IL                            | 60661                                       |                                     | Amou            | nt of           | Each Re          | eceipt th  | is Period     |         |  |  |  |  |
|                            | number of contributing olitical committee.                                     | С                             |   |                                     |                 |                 | 7                | -<br>9     | 60.0          | 0       |  |  |  |  |
| GE Heal                    |  |                               | upation (for Individu<br>Global Premium C   | ,                                   |                 | Vemo            | o Item           |            |               |         |  |  |  |  |
| Receipt I                  |  | Aggregate                     | Year-to-Date 🔻                              |                                     |                 |                 |                  |            |               |         |  |  |  |  |
|                            | mary General<br>ner (specify)  |                               |   | 720.00                              |                 |                 |                  |            |               |         |  |  |  |  |
| SUBTOTA                    | L of Receipts This Page (optional)   |                               |   | •                                   | Γ.              |                 | , .              | . ,        | 180.0         | 0       |  |  |  |  |
|                            |  |                               |   |                                     |                 |                 |                  |            |               |         |  |  |  |  |

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| 11                    | EMIZED RECEIPTS   |               |          | or each category of the<br>Detailed Summary Page        | ×     | 11a<br>13                             |       | 11b<br>14 | -       | 11c<br>15 | 12<br>16    | 17        |  |  |  |  |
|-----------------------|---|---------------|----------|---|-------|---------------------------------------|-------|-----------|---------|-----------|-------------|-----------|--|--|--|--|
|                       | ny information copied from such Reports and St<br>for commercial purposes, other than using the                     |               |          |   |       |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | NAME OF COMMITTEE (In Full)   |               |          |   |       |                                       |       |           |         |           |             |           |  |  |  |  |
| $\left \right\rangle$ | GE HealthCare Technologies In   | c. PAC        |          |   |       |                                       |       |           |         |           |             |           |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initi<br>Rowland, Chad, A, ,<br>Mailing Address 500 West Monroe Street | al) or Full O | rgar     | nization Name   |       |                                       | of R  | leceipt   |         |           | - Y - Y     | V         |  |  |  |  |
|                       | Maining Address 500 West Monroe Street  |               |          |   |       | 11                                    |       |           | 17      | / Y       | 2023        | - Y       |  |  |  |  |
|                       | City  | State         |          | Zip Code  |       | Trar                                  | nsac  | tion II   | D : I   | DEB039    | C7D7FE      | 84333B367 |  |  |  |  |
|                       | Chicago   | IL            |          | 60661   | A     | mou                                   | nt o  | f Each    | ו R     | eceipt th | nis Perio   | d         |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С             |          |   |       |                                       |       | -j-       | _       |           | 60          | 0.00      |  |  |  |  |
|                       | Name of Employer (for Individual)   | Occu          | upat     | ion (for Individual)                                    |       |                                       | Mem   | io Iten   | n       |           |             |           |  |  |  |  |
|                       | GE Healthcare   | GM,           | , Glo    | bal Premium CT & Photon Cou                             | .   " |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | Receipt For:  | Aggregate     | Yea      | r-to-Date ▼   |       |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | Primary General   | 00 0          |          |   |       |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | Other (specify) <b>v</b>  |               | -        | 720.00  |       |                                       |       |           |         |           |             |           |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Initi<br>Rowland, Chad, A, ,   | al) or Full O | rgar     | nization Name   | C     | Date                                  | of R  | leceipt   | t       |           |             |           |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |               |          |   |       | <sup>™</sup> 12                       |       |           | D<br>15 | / Y       | y y<br>2023 | Y         |  |  |  |  |
|                       | City  | State         |          | Zip Code  |       | Transaction ID : DB91EB6B1D9F431EA8FF |       |           |         |           |             |           |  |  |  |  |
|                       | Chicago   | IL            |          | 60661   | A     | Amount of Each Receipt this Period    |       |           |         |           |             |           |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С             |          |   |       | _                                     |       | -         | _       |           | 60          | 0.00      |  |  |  |  |
|                       | Name of Employer (for Individual)   | Осси          | upat     | ion (for Individual)                                    |       |                                       | Mem   | io Iten   | n       |           |             |           |  |  |  |  |
|                       | GE Healthcare   | GM,           | , Glo    | obal Premium CT & Photon Cou                            | J   ' |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | Receipt For:  | Aggregate     | Yea      | r-to-Date ▼   |       |                                       |       |           |         |           |             |           |  |  |  |  |
|                       | Primary General<br>Other (specify) ▼  |               | <b>,</b> | 720.00  |       |                                       |       |           |         |           |             |           |  |  |  |  |
| —<br>c.               | Full Name of Individual (Last, First, Middle Initi<br>Sandy, Neal, J, ,   | al) or Full O | rgar     | nization Name   |       | Date                                  | of R  | eceipt    | <br>t   |           |             |           |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street  |               |          |   |       | <sup>™</sup> 08                       |       |           | 25      | / Y       | 2023        | Y         |  |  |  |  |
|                       | City  | State         |          | Zip Code  |       | Tra                                   | nsac  | tion I    | D :     | B5D61A    | 58950B      | 4494AD6C  |  |  |  |  |
|                       | Chicago   | IL            |          | 60661   | _ A   | mou                                   | nt of | f Each    | ו R     | eceipt th | nis Perio   | d         |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С             |          |   |       | _                                     |       | y         | _       | , y       | 50          | 0.00      |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare  |               | •        | ion (for Individual)<br>nitoring Solutions, GE Healthca | r     |                                       | Mem   | no Iten   | n       |           |             |           |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea      | r-to-Date ▼<br>450.00                                   |       |                                       |       |           |         |           |             |           |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |               |          |   |       |                                       |       | 9         |         | . ,       | 170         | 0.00      |  |  |  |  |

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| 11          | EMIZED RECEIPTS  |               |     | for each category of the<br>Detailed Summary Page         | ×    | 11a<br>13       |                |       | 11b<br>14    | 11c       | 12<br>16  | 17       |
|-------------|--|---------------|-----|---|------|-----------------|----------------|-------|--------------|-----------|-----------|----------|
|             | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |     |   |      |                 |                |       |              |           |           |          |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |               |     |   |      |                 |                |       |              |           |           |          |
|             | GE HealthCare Technologies In  | c. PAC        |     |   |      |                 |                |       |              |           |           |          |
|             | Full Name of Individual (Last, First, Middle Initia  | al) or Full O | rga | nization Name   |      |                 |                | _     |              |           |           |          |
| Α.          | •  |               |     |   | -  ' | Date            | of             | Red   | ceipt        |           |           |          |
|             | Mailing Address 500 West Monroe Street   |               |     |   |      | <sup>™</sup> 09 | ) <sup>M</sup> | /     | D<br>22      |           | 2023      | Ŷ        |
|             | City   | State         |     | Zip Code  |      | Tra             | nsa            | actio | on ID        | : 5D1C7   | AE38B8    | 452B9B69 |
|             | Chicago  | IL            |     | 60661   | _ /  | Amou            | unt            | of I  | Each I       | Receipt t | his Perio | d        |
|             | FEC ID number of contributing federal political committee.                                       | С             |     |   |      |                 |                |       | <del>,</del> | -         | 50        | 0.00     |
|             | Name of Employer (for Individual)  | Occi          | upa | tion (for Individual)                                     | 1    |                 | Me             | emo   | Item         |           |           |          |
|             | GE Healthcare  | GM,           | , M | onitoring Solutions, GE Healthca                          | a    |                 |                |       |              |           |           |          |
|             | Receipt For:   | Aggregate     | Ye  | ar-to-Date 🔻  |      |                 |                |       |              |           |           |          |
|             | Primary General  | 00 0          |     |   |      |                 |                |       |              |           |           |          |
|             | Other (specify)  | L             | -7  | 450.00  |      |                 |                |       |              |           |           |          |
| в.          | Full Name of Individual (Last, First, Middle Initia Sandy, Neal, J, ,                            | al) or Full O | rga | nization Name   |      | Date            | of             | Red   | ceipt        |           |           |          |
|             | Mailing Address 500 West Monroe Street   |               |     |   |      | <sup>™</sup> 10 | ™<br>)         | /     | 20           | ) / 0     | 2023      | Y        |
|             | City   | State         |     | Zip Code  | 1 '  | Trai            | nsa            | actio | on ID :      | 5DACE     | 89E785F   | 44479F46 |
|             | Chicago  | IL            |     | 60661   |      |                 | his Perio      |       |              |           |           |          |
|             | FEC ID number of contributing federal political committee.                                       | С             |     |   |      |                 |                |       | ,            |           | 50        | 0.00     |
|             | Name of Employer (for Individual)  | Occi          | upa | tion (for Individual)                                     | -    | п.              | Me             | emo   | Item         |           |           |          |
|             | GE Healthcare  |               | •   | onitoring Solutions, GE Healthca                          | 3    |                 |                |       |              |           |           |          |
|             | Receipt For:   | Aggregate     | Ye  | ar-to-Date 🔻  |      |                 |                |       |              |           |           |          |
|             | Primary General  | , iggi oguto  | 10. |   |      |                 |                |       |              |           |           |          |
|             | Other (specify) ▼  | L             | ,   | 450.00  |      |                 |                |       |              |           |           |          |
| <u>с</u> .  | Full Name of Individual (Last, First, Middle Initia Sandy, Neal, J, ,                            | al) or Full O | rga | nization Name   |      | Date            | of             | Red   | ceipt        |           |           |          |
|             | Mailing Address 500 West Monroe Street   |               |     |   |      | M<br>11         |                | /     | D<br>17      |           | 2023      | Ŷ        |
|             | City   | State         |     | Zip Code  |      | Tra             | nsa            | acti  | on ID        | : D974A   | 9855CA0   | 43FEA3F4 |
|             | Chicago  | IL            |     | 60661   |      | Amou            | unt            | of I  | Each I       | Receipt t | his Perio | d        |
|             | FEC ID number of contributing federal political committee.                                       | С             |     |   |      |                 |                |       | y            | .,        | 50        | 0.00     |
|             | Name of Employer (for Individual)<br>GE Healthcare   |               | •   | tion (for Individual)<br>onitoring Solutions, GE Healthca | r    | Ц               | Me             | emo   | ltem         |           |           |          |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Ye  | ar-to-Date ▼<br>450.00                                    |      |                 |                |       |              |           |           |          |
| s           | UBTOTAL of Receipts This Page (optional)   |               |     |   |      |                 |                |       | ,            | . ,       | 150       | 0.00     |

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| IT.                    |  |                |      | Use separate schedule(s)                                  | (cł             | neck only   | y or     | ne)      |           |        |       |          |  |  |  |
|------------------------|--|----------------|------|---|-----------------|---|----------|----------|-----------|--------|-------|----------|--|--|--|
| 11                     | EMIZED RECEIPTS  |                |      | for each category of the<br>Detailed Summary Page         |                 | X 11a   |          | 11b      | 11c       |        | 2     | <u> </u> |  |  |  |
|                        | y information copied from such Reports and St                                |                |      |   |                 |   |          |          |           | conti  |       |          |  |  |  |
| or                     | for commercial purposes, other than using the                                | name and a     | addr | ess of any political committee                            | to s            | olicit co   | ntrib    | utions f | rom such  | n com  | mitte | e.       |  |  |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |                |      |   |                 |   |          |          |           |        |       |          |  |  |  |
| $\bigvee$              | GE HealthCare Technologies In  | c. PAC         |      |   |                 |   |          |          |           |        |       |          |  |  |  |
| ~                      | Full Name of Individual (Last, First, Middle Initi<br>Sandy, Neal, J, ,      | ial) or Full O | Drga | nization Name   | Date of Receipt |   |          |          |           |        |       |          |  |  |  |
| Α.                     | Mailing Address 500 West Monroe Street                                       |                |      |   | $\neg$          |   |          |          | 1         | V      | Y     | Y        |  |  |  |
|                        |  |                |      |   |                 | 12  | <i>'</i> | 15       | , 1       | 202    |       |          |  |  |  |
|                        | City   | State          |      | Zip Code  |                 | Trans   | act      | ion ID : | F0AB74    | D4344  | 414E7 | 75BF82   |  |  |  |
|                        | Chicago  | IL             |      | 60661   | _               | Amount  | t of     | Each R   | eceipt th | is Per | riod  |          |  |  |  |
|                        | FEC ID number of contributing federal political committee.                   | С              |      |   |                 |   |          |          |           |        | 50.00 | 0        |  |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                           |                | •    | tion (for Individual)<br>pnitoring Solutions, GE Healthca | a               | M   | emc      | Item     |           |        |       |          |  |  |  |
|                        | Receipt For:   |                |      | ar-to-Date V  |                 |   |          |          |           |        |       |          |  |  |  |
|                        | Primary General  | 33 - 3         |      |   |                 |   |          |          |           |        |       |          |  |  |  |
|                        | Other (specify) <b>v</b>   |                | 7    | 450.00  |                 |   |          |          |           |        |       |          |  |  |  |
| в.                     | Full Name of Individual (Last, First, Middle Init<br>Schaeffler, John, W, ,  | ial) or Full O | Drga | nization Name   |                 | Date of   | f Re     | ceipt    |           |        |       |          |  |  |  |
|                        | Mailing Address 500 West Monroe Street                                       |                |      |   |                 | м м<br>07   | /        | D D D 28 | / Y       | 2023   | 3     | Y        |  |  |  |
|                        | City   | State          |      | Zip Code  |                 | Transaction ID : C80641813AD44C658CD6<br>Amount of Each Receipt this Period |          |          |           |        |       |          |  |  |  |
|                        | Chicago  | IL             |      | 60661   | _               | Amount  | t of     | Each R   | eceipt th | is Per | riod  |          |  |  |  |
|                        | FEC ID number of contributing federal political committee.                   | С              |      |   |                 |   |          | -        | -         | 4      | 16.00 | 0        |  |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                           |                | •    | tion (for Individual)<br>ve Director - Government Affair  | r               | M   | emc      | Item     |           |        |       |          |  |  |  |
|                        | Receipt For:   | Aggregate      | Yea  | ar-to-Date V  |                 |   |          |          |           |        |       |          |  |  |  |
|                        | Primary General  |                | -    |   |                 |   |          |          |           |        |       |          |  |  |  |
|                        | Other (specify) V  |                | ,    | 4360.00   |                 |   |          |          |           |        |       |          |  |  |  |
| <u> </u>               | Full Name of Individual (Last, First, Middle Initi<br>Schaeffler, John, W, , | ial) or Full O | Drga | nization Name   |                 | Date of   | f Re     | ceipt    |           |        |       |          |  |  |  |
|                        | Mailing Address 500 West Monroe Street                                       |                |      |   |                 | M M<br>08   | /        | 25       | / Y       | 202    |       | Ý        |  |  |  |
|                        | City   | State          |      | Zip Code  |                 | Trans   | sact     | ion ID : | 37334A0   | BB33   | 394B  | F5B050   |  |  |  |
|                        | Chicago  | IL             |      | 60661   |                 | Amount  | t of     | Each R   | eceipt th | is Pei | riod  |          |  |  |  |
|                        | FEC ID number of contributing federal political committee.                   | С              |      |   |                 |   |          | ,        | , ,<br>,  | 4      | 16.00 | 0        |  |  |  |
|                        | Name of Employer (for Individual)<br>GE Healthcare                           |                | •    | tion (for Individual)<br>ve Director - Government Affair  |                 | Μ   | emo      | tem      |           |        |       |          |  |  |  |
|                        | Receipt For:   | Aggregate      | Yea  | ar-to-Date 🔻  |                 |   |          |          |           |        |       |          |  |  |  |
|                        | Primary General  |                |      | 4360.00   | 4360.00         |   |          |          |           |        |       |          |  |  |  |
|                        | Other (specify)  |                | -    |   |                 |   |          |          |           |        |       |          |  |  |  |
| s                      | UBTOTAL of Receipts This Page (optional)                                     |                |      |   |                 |   |          | ,        |           | 8      | 82.00 | 0        |  |  |  |

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|-----|--|------------------|--|----------|---|--------|-----------|------------|----------|--------|----------|--|--|--|--|
| 110 |  |                  | for each category of the<br>Detailed Summary Page          |          | X 11a   |        | 11b       | 11c        | 12       | Г      | <b>_</b> |  |  |  |  |
|     | y information copied from such Reports and S                           |                  |  |          |   | purp   |           |            |          | butio  |          |  |  |  |  |
|     | for commercial purposes, other than using the                          | e name and a     | address of any political comm                              | ittee to | solicit cor   | ntribu | utions fr | om such    | o comm   | nittee | 9.       |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)  |                  |  |          |   |        |           |            |          |        |          |  |  |  |  |
|     | GE HealthCare Technologies I   | nc. PAC          |  |          |   |        |           |            |          |        |          |  |  |  |  |
|     | Full Name of Individual (Last, First, Middle In                        | itial) or Full C | Organization Name  |          | _   |        |           |            |          |        |          |  |  |  |  |
| Α.  | Schaeffler, John, W, ,   |                  |  |          | Date of   | f Rec  | ceipt     |            |          |        |          |  |  |  |  |
|     | Mailing Address 500 West Monroe Street                                 |                  |  |          | 09 M  | 1      | D D D 22  | / Y        | 2023     |        | 1        |  |  |  |  |
|     | City   | State            | Zip Code   |          | Trans   | actio  | on ID : 9 | BA9BF      | A9B5A    | 6497   | 73B920   |  |  |  |  |
| -   | Chicago  | IL               | 60661  |          | Amount  | t of E | Each Re   | eceipt thi | is Perio | od     |          |  |  |  |  |
|     | FEC ID number of contributing federal political committee.             | С                |  |          |   |        | ,         |            | 41       | 6.00   |          |  |  |  |  |
| Ī   | Name of Employer (for Individual)                                      | Occ              | upation (for Individual)                                   |          | M   | emo    | Item      |            |          |        |          |  |  |  |  |
|     | GE Healthcare  | Exe              | ecutive Director - Government                              | Affair   |   |        |           |            |          |        |          |  |  |  |  |
|     | Receipt For:   | Aggregate        | Year-to-Date <b>V</b>                                      |          |   |        |           |            |          |        |          |  |  |  |  |
|     | Primary General<br>Other (specify) ▼                                   |                  | 4360.00  |          |   |        |           |            |          |        |          |  |  |  |  |
|     |  |                  |  |          |   |        |           |            |          |        |          |  |  |  |  |
|     | Full Name of Individual (Last, First, Middle In Schaeffler, John, W, , | itial) or Full C | Organization Name  |          | Date of   | f Rec  | ceipt     |            |          |        |          |  |  |  |  |
|     | Mailing Address 500 West Monroe Street                                 |                  |  |          | 10 <sup>M</sup>   | /      | D D 20    | / Y        | 2023     | Ý      | ]        |  |  |  |  |
|     | City   | State            | Zip Code   | -        | Transaction ID : 95881144CEAC46D7AAF8<br>Amount of Each Receipt this Period |        |           |            |          |        |          |  |  |  |  |
| -   | Chicago  | IL               | 60661  |          | Amount  | t of E | Each Re   | eceipt thi | is Perio | od     |          |  |  |  |  |
|     | FEC ID number of contributing federal political committee.             | С                |  |          | Ľ.  |        | , .<br>,  |            | 41       | 6.00   |          |  |  |  |  |
|     | Name of Employer (for Individual)<br>GE Healthcare                     |                  | cupation (for Individual)<br>ecutive Director - Government | Affair   | M   | emo    | Item      |            |          |        |          |  |  |  |  |
|     | Receipt For:   | Aggregate        | Year-to-Date ▼   |          |   |        |           |            |          |        |          |  |  |  |  |
|     | Primary General<br>Other (specify) ▼                                   |                  | , 4360.00  |          |   |        |           |            |          |        |          |  |  |  |  |
|     | Full Name of Individual (Last, First, Middle In Schaeffler, John, W, , | itial) or Full C | Organization Name  |          | Date of   | f Rec  | ceipt     |            |          |        |          |  |  |  |  |
|     | Mailing Address 500 West Monroe Street                                 |                  |  |          | M M<br>11   | /      | D D<br>17 | / Y        | 2023     |        | 1        |  |  |  |  |
|     | City   | State            | Zip Code   |          | Trans   | actio  | on ID :   | FDC054I    | FAB73    | 2411   | 48F92    |  |  |  |  |
| -   | Chicago  | IL               | 60661  |          | Amount  | t of E | Each Re   | eceipt thi | is Perio | od     |          |  |  |  |  |
|     | FEC ID number of contributing federal political committee.             | С                |  |          |   |        | y         | , ,        | 41       | 6.00   |          |  |  |  |  |
|     | Name of Employer (for Individual)<br>GE Healthcare                     |                  | upation (for Individual)<br>cutive Director - Government / | Affair   | М   | emo    | ltem      |            |          |        |          |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate        | Year-to-Date ▼<br>4360.00                                  |          |   |        |           |            |          |        |          |  |  |  |  |
| รเ  | JBTOTAL of Receipts This Page (optional)                               |                  |  | ▶        | [.  |        | 9         | ,          | 124      | 8.00   |          |  |  |  |  |

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|           | EMIZED RECEIPTS  |               |      | for each category of the<br>Detailed Summary Page      | ×     | 11a<br>13                       |      | 11b<br>14 | 1      | 1c<br>5            | 12<br>16    | 17       |  |  |  |
|-----------|--|---------------|------|--|-------|---------------------------------|------|-----------|--------|--------------------|-------------|----------|--|--|--|
|           | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |      |  |       |                                 |      |           |        |                    |             |          |  |  |  |
|           | NAME OF COMMITTEE (In Full)  |               |      |  |       |                                 |      |           |        |                    |             |          |  |  |  |
| $\rangle$ | GE HealthCare Technologies In  | c. PAC        |      |  |       |                                 |      |           |        |                    |             |          |  |  |  |
| Α.        |  | al) or Full C | Drga | nization Name  |       | Date                            | of F | Receipt   |        |                    |             |          |  |  |  |
|           | Mailing Address 500 West Monroe Street   |               |      |  |       | <sup>™</sup><br>12              |      | / D<br>1  | 5 /    | Y                  | 2023        | Y        |  |  |  |
|           | City   | State         |      | Zip Code   |       | Trar                            | nsac | tion ID   | ): 2D5 | 16DF               | 8EB03       | 44A1AA04 |  |  |  |
|           | Chicago  | IL            |      | 60661  | _ /   | Amou                            | nt o | f Each    | Recei  | pt th              | is Perio    | b        |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С             |      |  |       | _                               |      | 7         |        | 7                  | 416         | .00      |  |  |  |
|           | Name of Employer (for Individual)  | Occ           | upa  | tion (for Individual)                                  |       |                                 | Merr | no Item   |        |                    |             |          |  |  |  |
|           | GE Healthcare  | Exe           | cut  | ve Director - Government Affair                        | •   ' |                                 |      |           |        |                    |             |          |  |  |  |
|           | Receipt For:   | Annrenate     | Ye   | ar-to-Date 🔻   |       |                                 |      |           |        |                    |             |          |  |  |  |
|           | Primary General  | , iggi oguto  | 10   |  |       |                                 |      |           |        |                    |             |          |  |  |  |
|           | Other (specify) ▼  | L             | 7    | 4360.00  |       |                                 |      |           |        |                    |             |          |  |  |  |
| В.        | Full Name of Individual (Last, First, Middle Initi<br>Schmeling, John, M, ,                      | al) or Full C | )rga | nization Name  |       | Date                            | of F | Receipt   |        |                    |             |          |  |  |  |
|           | Mailing Address 500 West Monroe Street   |               |      |  |       | <sup>™</sup> 07                 | M    | / D 2     |        | Y                  | y y<br>2023 | Y        |  |  |  |
|           | City   | State         |      | Zip Code   | 7     | Transaction ID : C838930EC66E45 |      |           |        |                    |             |          |  |  |  |
|           | Chicago  | IL            |      | 60661  |       |                                 |      |           |        | eceipt this Period |             |          |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С             |      |  |       |                                 |      | -         |        | 7                  | 208         | .00      |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare   |               | •    | tion (for Individual)<br>echnology Officer, Ultrasound |       |                                 | Verr | no Item   |        |                    |             |          |  |  |  |
|           | Receipt For:   |               |      |  | _     |                                 |      |           |        |                    |             |          |  |  |  |
|           | Primary General  | Aggregate     | Ye   | ar-to-Date 🔻   |       |                                 |      |           |        |                    |             |          |  |  |  |
|           | Other (specify) V  |               | ,    | 2346.00  |       |                                 |      |           |        |                    |             |          |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initi<br>Schmeling, John, M, ,                      | al) or Full C | Drga | nization Name  |       | Date                            | of F | Receipt   |        |                    |             |          |  |  |  |
|           | Mailing Address 500 West Monroe Street   |               |      |  |       | <sup>™</sup> 08                 |      | / D       | 25     | Y                  | 2023        | Y        |  |  |  |
|           | City   | State         |      | Zip Code   |       | Tra                             | nsac | ction ID  | ):07C  | 8C3I               | D285294     | 5BAA0EI  |  |  |  |
|           | Chicago  | IL            |      | 60661  | /     | Amou                            | nt o | f Each    | Recei  | pt th              | is Perio    | b        |  |  |  |
|           | FEC ID number of contributing federal political committee.                                       | С             |      |  |       | _                               |      | y         |        | 9                  | 208         | .00      |  |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare   |               | •    | tion (for Individual)<br>echnology Officer, Ultrasound |       |                                 | Men  | no Item   | l      |                    |             |          |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Ye   | ar-to-Date ▼<br>2346.00                                |       |                                 |      |           |        |                    |             |          |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |               |      | •  |       |                                 |      | 7         |        | 9                  | 832         | .00      |  |  |  |

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| IT.          | EMIZED RECEIPTS  |                |          | e separate schedule(s)                         | (cł  | neck only  | y or  | ne)  |            |         |          |       |
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| 11           |  |                |          | each category of the<br>ailed Summary Page     |      | <b>X</b> 11a   |       | 11b  | 11c        | 12      | Г        |       |
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| or           | for commercial purposes, other than using the                              | name and a     | address  | of any political committee                     | to s | olicit cor   | ntrib | utions fr  | om such    | o comn  | nittee   | ).    |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                |          |  |      |  |       |  |            |         |          |       |
|              | GE HealthCare Technologies Ir  | nc. PAC        |          |  |      |  |       |  |            |         |          |       |
|              | Full Name of Individual (Last, First, Middle Init                          | ial) or Full O | Organiza | ation Name                                     |      |  |       | · .  |            |         |          |       |
| Α.           | Schmeling, John, M, ,  |                |          |  | _    | Date of  | Re_   | ceipt  | _          |         |          |       |
|              | Mailing Address 500 West Monroe Street                                     |                |          |  |      | м м<br>09  | 1     | D D D 22   | / Y        | 2023    | ү ү<br>З | 1     |
|              | City   | State          | Zi       | p Code   |      | Trans  | acti  | ion ID : :   | 23485CA    | 20DB    | 6447     | 08D24 |
|              | Chicago  | IL             |          | 60661  | _    | Amount   | of    | Each R   | eceipt thi | is Peri | od       |       |
|              | FEC ID number of contributing federal political committee.                 | С              |          |  |      |  |       | -  |            | 20      | 08.00    |       |
|              | Name of Employer (for Individual)  | Occ            | upation  | (for Individual)                               | -    | M  | emo   | Item   |            |         |          |       |
|              | GE Healthcare  | Chie           | ef Tech  | nology Officer, Ultrasound                     |      |  |       |  |            |         |          |       |
|              | Receipt For:   | Aggregate      | Year-to  | o-Date ▼                                       |      |  |       |  |            |         |          |       |
|              | Primary General  |                |          | 2346.00  |      |  |       |  |            |         |          |       |
|              | Other (specify) <b>v</b>   |                | -g=      | 2040.00  |      |  |       |  |            |         |          |       |
| в.           | Full Name of Individual (Last, First, Middle Init<br>Schmeling, John, M, , | ial) or Full O | Organiza | ation Name                                     |      | Date of  | Re    | ceipt  |            |         |          |       |
|              | Mailing Address 500 West Monroe Street                                     |                |          |  |      | M M  | /     | DD   | / Y        |         |          | 1     |
|              | 01   | 01-1-          | 7        |  |      | · ·  |       |  |            |         |          |       |
|              | City<br>Chicago  | State<br>IL    |          | p Code<br>50661                                | -    |  |       |  |            |         |          | 78888 |
|              |  | 1.2            |          | 00001  | -    | Amount   | to t  | Each R   | eceipt th  | is Peri | od       | _     |
|              | FEC ID number of contributing federal political committee.                 | С              |          |  |      | Ľ.   | _     | -  |            | 20      | 08.00    |       |
|              | Name of Employer (for Individual)  |                |          | (for Individual)                               |      | M  | emo   | Item   |            |         |          |       |
|              | GE Healthcare Receipt For:   |                |          | nology Officer, Ultrasound                     | _    |  |       |  |            |         |          |       |
|              | Primary General  | Aggregate      | Year-to  | o-Date V                                       |      |  |       |  |            |         |          |       |
|              | Other (specify) ▼  |                | 4        | 2346.00  |      |  |       |  |            |         |          |       |
| с.           | Full Name of Individual (Last, First, Middle Init<br>Schmeling, John, M, , | ial) or Full O | Organiza | ation Name                                     |      | Date of  | Re    | ceipt  |            |         |          |       |
|              | Mailing Address 500 West Monroe Street                                     |                |          |  |      | 11 <sup>M</sup>  | 1     | D D D 17   | / Y        | 2023    |          | 1     |
|              | City   | State          | Zi       | p Code   | -    | la de la companya de | acti  | the state of the s | 0C733E6    |         |          | E85D7 |
|              | Chicago  | IL             | e        | 50661  |      | Amount   | of    | Each R   | eceipt thi | is Peri | od       |       |
|              | FEC ID number of contributing federal political committee.                 | С              |          |  |      |  |       | y .  | , ,        | 20      | 08.00    |       |
|              | Name of Employer (for Individual)<br>GE Healthcare                         |                | •        | (for Individual)<br>nology Officer, Ultrasound |      | M  | emc   | ltem   |            |         |          |       |
|              | Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate      | Year-to  | o-Date ▼<br>2346.00                            |      |  |       |  |            |         |          |       |
| s            | UBTOTAL of Receipts This Page (optional)                                   |                |          | •  |      |  |       | 9  | ,          | 62      | 24.00    |       |

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| ITEMIZED RECEIPTS  |                      | for each category of the<br>Detailed Summary Page              | X         | 11a<br>13 |      | 11b<br>14 | 11c | 12                     |                |
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| NAME OF COMMITTEE (In Full)  | g the name and a     | duress of any political committee                              | 10 30110  |           |      | utions    |     |                        |                |
| GE HealthCare Technologie  | s Inc. PAC           |  |           |           |      |           |     |                        |                |
| Full Name of Individual (Last, First, Middl<br>A. Schmeling, John, M, ,                    | e Initial) or Full C | organization Name  | Da        | ate of    | Re   | ceipt     |     |                        |                |
| Mailing Address 500 West Monroe Street   |                      |  |           | 12        | /    | 15        |     | y y<br>2023            | Y              |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661  |           |           |      |           |     | 77C3ED4                |                |
| FEC ID number of contributing federal political committee.                                 | С                    |  |           |           |      |           |     | 208                    |                |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>ef Technology Officer, Ultrasound  |           | Me        | emo  | Item      |     |                        |                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate            | Year-to-Date ▼<br>2346.00                                      |           |           |      |           |     |                        |                |
| Full Name of Individual (Last, First, Middl<br>B. Senn, Mara, V., ,                        | e Initial) or Full C | Organization Name  | Da        | ate of    | Re   | ceipt     |     |                        |                |
| Mailing Address 500 West Monroe Street   |                      |  |           | 07        | 1    | 28        |     | y y<br>2023            | Y              |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661  |           |           |      |           |     | 9292964/<br>nis Perioc | <b>49A8FC9</b> |
| FEC ID number of contributing federal political committee.                                 | C                    |  |           |           |      |           |     | 58                     | .00            |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>ecutive Global Compliance Lead - I | n         | Me        | emo  | Item      |     |                        |                |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate            | Year-to-Date ▼<br>580.00                                       |           |           |      |           |     |                        |                |
| Full Name of Individual (Last, First, Middl<br>C. Senn, Mara, V., ,                        | e Initial) or Full C | rganization Name   | Da        | ate of    | Re   | ceipt     |     |                        |                |
| Mailing Address 500 West Monroe Street   |                      |  |           | 08        | /    | 25        |     | y y<br>2023            | Ŷ              |
| City<br>Chicago  | State<br>IL          | Zip Code<br>60661  |           |           |      |           |     | 19ED404                | 4BFB9D7E       |
| FEC ID number of contributing federal political committee.                                 | C                    |  |           | _         |      | y .       | 9   | 58                     | .00            |
| Name of Employer (for Individual)<br>GE Healthcare   |                      | upation (for Individual)<br>cutive Global Compliance Lead - I  | าง        | Me        | emo  | tem       |     |                        |                |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate            | Year-to-Date ▼<br>580.00                                       |           |           |      |           |     |                        |                |
| SUBTOTAL of Receipts This Page (optiona  | l)                   | •  |           |           |      | , .       | . , | 324                    | .00            |

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| ITEMIZED RECEIPTS  |                   | for each category of the<br>Detailed Summary Page |       | 11a             |           | 11b       | 11c              | 12        | <b>_</b> 4-7 |
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| or for commercial purposes, other than using t                       | ne name and a     | address of any political committee                | to so | DIICIT CON      | itribu    | tions ti  | rom sucr         | 1 committ | ee.          |
|  |                   |   |       |                 |           |           |                  |           |              |
| GE HealthCare Technologies   | Inc. PAC          |   |       |                 |           |           |                  |           |              |
| Full Name of Individual (Last, First, Middle                         | nitial) or Full C | Drganization Name                                 |       |                 |           |           |                  |           |              |
| A. Senn, Mara, V., ,   |                   |   |       | Date of         | Rec       | eipt      |                  |           |              |
| Mailing Address 500 West Monroe Street                               |                   |   |       | м м<br>09       | /         | D D<br>22 | / Y              | 2023      | Y            |
| City   | State             | Zip Code  |       | Trans           | actio     | n ID :    | F5B27FI          | DFE96C4   | 16AB875      |
| Chicago  | IL                | 60661   |       |                 |           |           |                  | is Period |              |
| FEC ID number of contributing federal political committee.           | C                 |   |       |                 |           |           | -                | 58.       | 00           |
| Name of Employer (for Individual)                                    | Occ               | cupation (for Individual)                         | -     | Me              | emo       | ltem      |                  |           |              |
| GE Healthcare  | Exe               | ecutive Global Compliance Lead - Ir               | n۱    |                 |           |           |                  |           |              |
| Receipt For:   | Aggregate         | Year-to-Date <b>V</b>                             |       |                 |           |           |                  |           |              |
| Primary General  |                   | 580.00  |       |                 |           |           |                  |           |              |
| Other (specify) <b>v</b>   |                   | 500.00  |       |                 |           |           |                  |           |              |
| Full Name of Individual (Last, First, Middle B. Senn, Mara, V., ,    | nitial) or Full C | Drganization Name                                 |       | Date of         | Rec       | eipt      |                  |           |              |
| Mailing Address 500 West Monroe Street                               |                   |   |       | M M             | 1         | D D       | / Y              | YY        | Y            |
|  |                   |   |       |                 |           |           |                  | 2023      |              |
| City   | State<br>IL       | Zip Code  |       |                 |           |           |                  |           | 5C08F78      |
| Chicago  | 12                | 60661   | _     | Amount          | is Period |           |                  |           |              |
| FEC ID number of contributing federal political committee.           | C                 |   |       | Ľ.              |           |           | -                | 58.       | 00           |
| Name of Employer (for Individual)                                    |                   | cupation (for Individual)                         |       | Me              | emo       | ltem      |                  |           |              |
| GE Healthcare  | Exe               | ecutive Global Compliance Lead - I                | n     |                 |           |           |                  |           |              |
| Receipt For:   | Aggregate         | Year-to-Date V                                    |       |                 |           |           |                  |           |              |
| Other (specify)  |                   | 580.00  |       |                 |           |           |                  |           |              |
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| Full Name of Individual (Last, First, Middle<br>C. Senn, Mara, V., , | nitial) or Full C | Drganization Name                                 |       | Date of         | Rec       | eipt      |                  |           |              |
| Mailing Address 500 West Monroe Street                               |                   |   |       | <sup>M</sup> 11 | /         | D D<br>17 | / Y              | 2023 Y    | Y            |
| City   | State             | Zip Code  |       | Trans           | actio     | n ID :    | 3971295          | BC6254F   | FC9FB2       |
| Chicago  | IL                | 60661   | _     | Amount          | of E      | ach R     | eceipt th        | is Period |              |
| FEC ID number of contributing federal political committee.           | С                 |   |       | <u> </u>        |           |           | ,                | 58.       | 00           |
| Name of Employer (for Individual)                                    | Occ               | cupation (for Individual)                         |       | Me              | emo       | ltem      |                  |           |              |
| GE Healthcare  | Exe               | cutive Global Compliance Lead - Ir                | ıv    |                 |           |           |                  |           |              |
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| II LIVIIZED KEGEIF 13  |                                  | for each category of the<br>Detailed Summary Page             | X 11a           | 11b                                   | 11c         | 12          |         |
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| or for commercial purposes, other                              |                                  | address of any political committee                            | e to solicit co | ntributions fr                        | om such c   | ommitte     | ;е.     |
|  |                                  |   |                 |                                       |             |             |         |
| / GE HealthCare Tech   | nologies Inc. PAC                |   |                 |                                       |             |             |         |
| Full Name of Individual (Last, F                               | First, Middle Initial) or Full C | Organization Name   |                 |                                       |             |             |         |
| A. Senn, Mara, V., ,   |                                  |   | Date of         | f Receipt                             |             |             |         |
| Mailing Address 500 West Mon                                   | roe Street                       |   | 12 <sup>M</sup> | / D D<br>15                           |             | y y<br>2023 | Y       |
| City   | State                            | Zip Code  | Trans           | action ID : 2                         | 2087AAA0    | BEAF4       | 0A58F5  |
| Chicago  | IL                               | 60661   | Amoun           | t of Each Re                          | eceipt this | Period      |         |
| FEC ID number of contributing federal political committee.     | C                                |   |                 |                                       | -           | 58.0        | 0       |
| Name of Employer (for Individu<br>GE Healthcare                | ,                                | upation (for Individual)<br>cutive Global Compliance Lead - I |                 | emo Item                              |             |             |         |
| Receipt For:   |                                  | Year-to-Date <b>V</b>   |                 |                                       |             |             |         |
| Primary       General         Other (specify) ▼                |                                  | 580.00  | ]               |                                       |             |             |         |
| Full Name of Individual (Last, F<br>B. Sikorski, Anthony, J, , | irst, Middle Initial) or Full C  | Organization Name   | Date o          | f Receipt                             |             |             |         |
| Mailing Address 500 West Mon                                   | roe Street                       |   | 07              | / D D<br>28                           | / 2         | 2023        | Y       |
| City<br>Chicago  | State<br>IL                      | Zip Code<br>60661   |                 | action ID : 1<br>t of Each Re         |             |             | 94A8C0  |
| FEC ID number of contributing federal political committee.     | C                                |   |                 | - Age                                 |             | 208.0       | 0       |
| Name of Employer (for Individu<br>GE Healthcare                |                                  | upation (for Individual)<br>Chief Operating Officer           | м               | emo Item                              |             |             |         |
| Receipt For:   |                                  | Year-to-Date ▼  |                 |                                       |             |             |         |
| Other (specify)  |                                  | , 1947.00   | ]               |                                       |             |             |         |
| Full Name of Individual (Last, F<br>C. Sikorski, Anthony, J, , | First, Middle Initial) or Full O | Organization Name   | Date o          | f Receipt                             |             |             |         |
| Mailing Address 500 West Mon                                   |                                  |   | M _ M _ 08      | 25                                    | 2           | 2023        |         |
| City<br>Chicago  | State<br>IL                      | Zip Code<br>60661   |                 | action ID : I                         |             |             | )8F9F60 |
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| Name of Employer (for Individu<br>GE Healthcare                | · ·                              | upation (for Individual)<br>Chief Operating Officer           | M               | emo Item                              |             |             |         |
| Receipt For:<br>Primary General<br>Other (specify)             |                                  | Year-to-Date ▼<br>1947.00                                     | 1               |                                       |             |             |         |
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| or for commercial purposes, other than using t                             | the name and a     | address of any political committe                    | e to s | solicit cor     | ntribi | utions f  | rom suc       | n commit    | tee.     |
| NAME OF COMMITTEE (In Full)  |                    |  |        |                 |        |           |               |             |          |
| GE HealthCare Technologies   | Inc. PAC           |  |        |                 |        |           |               |             |          |
| Full Name of Individual (Last, First, Middle                               | Initial) or Full C | Organization Name                                    |        |                 |        |           |               |             |          |
| A. Sikorski, Anthony, J, ,   |                    |  |        | Date of         | f Re   | ceipt     |               |             |          |
| Mailing Address 500 West Monroe Street                                     |                    |  |        | м м<br>09       | 1      | D D D 22  | / Y           | y y<br>2023 | Y        |
| City   | State              | Zip Code   | _      |                 | acti   |           | F9F724        | FAB4AE4     | 17478073 |
| Chicago  | IL                 | 60661  |        |                 |        |           |               | nis Period  |          |
| FEC ID number of contributing federal political committee.                 | C                  |  |        |                 |        |           |               | 208         |          |
| Name of Employer (for Individual)<br>GE Healthcare                         |                    | upation (for Individual)<br>Chief Operating Officer  |        | Me              | emo    | Item      |               |             |          |
| Receipt For:   | I                  | Year-to-Date ▼                                       |        |                 |        |           |               |             |          |
| Primary General  | riggroguto         |  | - 11   |                 |        |           |               |             |          |
| Other (specify) ▼  |                    | 1947.00  | -      |                 |        |           |               |             |          |
| Full Name of Individual (Last, First, Middle<br>B. Sikorski, Anthony, J, , | Initial) or Full C | Organization Name                                    |        | Date of         | f Re   | ceipt     |               |             |          |
| Mailing Address 500 West Monroe Street                                     |                    |  |        | <sup>M</sup> 10 | /      | D D D 20  | / Y           | 2023        | Y        |
| City   | State              | Zip Code   |        | Trans           | actio  | on ID :   | <u>682736</u> | DA71A74     | E79BF01  |
| Chicago  | IL                 | 60661  |        | Amount          | t of   | Each R    | eceipt th     | nis Perioo  | 1        |
| FEC ID number of contributing federal political committee.                 | С                  |  |        | <u> </u>        |        |           |               | 208         | .00      |
| Name of Employer (for Individual)<br>GE Healthcare                         |                    | cupation (for Individual)<br>Chief Operating Officer |        | Me              | emo    | Item      |               |             |          |
| Receipt For:   | Aggregate          | Year-to-Date ▼                                       |        |                 |        |           |               |             |          |
| Primary     General       Other (specify) ▼                                |                    | , 1947.00  | ]      |                 |        |           |               |             |          |
| Full Name of Individual (Last, First, Middle<br>C. Sikorski, Anthony, J, , | Initial) or Full C | Organization Name                                    |        | Date of         | f Re   | ceipt     |               |             |          |
| Mailing Address 500 West Monroe Street                                     |                    |  |        | M M             | /      | D D<br>17 | / Y           | 2023 Y      | Y        |
| City   | State              | Zip Code   |        | Trans           | acti   | on ID :   | 808E36        | EB67994     | FF1B43C  |
| Chicago  | IL                 | 60661  |        | Amount          | tof    | Each R    | eceipt th     | nis Period  | I        |
| FEC ID number of contributing federal political committee.                 | С                  |  |        | <u> </u>        |        | ,         | ,             | 208         | .00      |
| Name of Employer (for Individual)<br>GE Healthcare                         |                    | upation (for Individual)<br>Chief Operating Officer  |        | M               | emo    | Item      |               |             |          |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate          | Year-to-Date ▼<br>1947.00                            |        |                 |        |           |               |             |          |
| SUBTOTAL of Receipts This Page (optional).                                 |                    |  | ►      | Ļ               |        | , ,       | 9             | 624.        | 00       |

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|              |  |              |  |       | 13              |       | 14       | 15         | 16          | 17       |
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|              |  |              |  | 10 50 | null COI        | iu ID |          | Suci       | COMM        | illee.   |
| $\backslash$ | NAME OF COMMITTEE (In Full)  | <b>D</b> 4 2 |  |       |                 |       |          |            |             |          |
|              | GE HealthCare Technologies Inc.  |              |  |       |                 |       |          |            |             |          |
|              | Full Name of Individual (Last, First, Middle Initial)  | or Full C    | rganization Name   |       | <b>.</b>        | -     |          |            |             |          |
| А.           | Sikorski, Anthony, J, ,  |              |  | _     | Date of         | Ke    | ceipt    |            |             |          |
|              | Mailing Address 500 West Monroe Street   |              |  |       | <sup>M</sup> 12 | /     | D 15     | ) / Y      | 2023        | Y        |
|              | City   | State        | Zip Code   |       | Trans           | acti  | ion ID : | 60E2080    | 0371384     | 9BCA4BF  |
|              | Chicago  | IL           | 60661  | _ 4   | Amount          | of    | Each F   | Receipt th | nis Perio   | d        |
|              | FEC ID number of contributing federal political committee.   | С            |  |       |                 |       | -        |            | 20          | 3.00     |
|              | Name of Employer (for Individual)  | Occ          | upation (for Individual)                                     | _     | M               | emo   | Item     |            |             |          |
|              | GE Healthcare  |              | Chief Operating Officer                                      |       |                 |       |          |            |             |          |
|              | Receipt For:   |              | Year-to-Date ▼   | -     |                 |       |          |            |             |          |
|              | Primary General  | .ggi cguie   |  |       |                 |       |          |            |             |          |
|              | Other (specify) V  |              | 1947.00  |       |                 |       |          |            |             |          |
|              | Full Name of Individual (Last, First, Middle Initial)  | or Full O    | rganization Name   |       |                 |       |          |            |             |          |
| Β.           | Sires, Shenlee-Rae, Bernadette, ,  |              |  |       | Date of         | Re    | ceipt    |            |             |          |
|              | Mailing Address 500 West Monroe Street   |              |  |       | M M<br>11       | /     | D 17     | ) / Y      | y y<br>2023 | Y        |
|              | City   | State        | Zip Code   |       | Trans           | acti  | on ID :  | 3674B76    | 9C10C4      | 4037A649 |
|              | Chicago  | IL           | 60661  |       |                 |       |          | Receipt th |             |          |
|              | FEC ID number of contributing federal political committee.   | С            |  |       |                 |       |          | -          | 2           | 0.00     |
|              | Name of Employer (for Individual)  | 000          | upation (for Individual)                                     | _     | M               | emo   | Item     |            |             |          |
|              | GE Healthcare  |              | Sales Staff Manager - Order Manag                            | ge    |                 |       |          |            |             |          |
|              | Descipt For:   |              | Year-to-Date ▼   | -     |                 |       |          |            |             |          |
|              | Primary General  | '99' Cyale   |  |       |                 |       |          |            |             |          |
|              | Other (specify) V  |              | 230.00   |       |                 |       |          |            |             |          |
| C.           | Full Name of Individual (Last, First, Middle Initial)<br>Sires, Shenlee-Rae, Bernadette, ,           | or Full C    | rganization Name   |       | Date of         | Re    | ceipt    |            |             |          |
|              | Mailing Address 500 West Monroe Street   |              |  |       | <sup>M</sup> 12 | /     | D 15     | ) / Y      | 2023        | Y        |
|              | City   | State        | Zip Code   |       | Trans           | acti  | ion ID : | 9980EA     | F31AE9      | 4750A652 |
|              | Chicago  | IL           | 60661  |       | Amount          | of    | Each F   | Receipt th | nis Perio   | d        |
|              | FEC ID number of contributing federal political committee.   | С            |  |       |                 |       | ,        | . ,        | 2           | 0.00     |
|              | Name of Employer (for Individual)<br>GE Healthcare   |              | upation (for Individual)<br>ales Staff Manager - Order Manag | e     | M               | emo   | tem      |            |             |          |
|              | Receipt For:   | ggregate     | Year-to-Date ▼   |       |                 |       |          |            |             |          |
|              | Primary General  | 55 - 5       |  |       |                 |       |          |            |             |          |
|              | Other (specify)  |              | 230.00   |       |                 |       |          |            |             |          |
| s            | UBTOTAL of Receipts This Page (optional)   |              | •  |       |                 |       | , ,      | . ,        | 248         | 3.00     |
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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| TIEMIZED RECEIPTS   |                                 | for each category of the<br>Detailed Summary Page  |     | 11a                   |              | 11b      | 11c          | 12                     | 17       |
|---|---------------------------------|--|-----|-----------------------|--------------|----------|--------------|------------------------|----------|
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| NAME OF COMMITTEE (In Full)   | 5                               |  |     |                       |              |          |              |                        |          |
| GE HealthCare Technologie   | s Inc. PAC                      |  |     |                       |              |          |              |                        |          |
| Full Name of Individual (Last, First, Middl<br>A. Sjoberg, Thomas, Edmund, ,<br>Mailing Address 500 West Monroe Street<br>City<br>Chicago<br>FEC ID number of contributing<br>federal political committee.  | e Initial) or Full O State IL C | Zip Code<br>60661  |     |                       | sac          | tion ID  | 3            | his Period             | 713A4CA  |
| Name of Employer (for Individual)<br>GE Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Cate                            | upation (for Individual)<br>egory Sourcing Executive - Mecha<br>Year-to-Date ▼<br>653.00   | ani | M                     | lem          | o Item   |              |                        |          |
| B. Full Name of Individual (Last, First, Middl<br>B. Sjoberg, Thomas, Edmund, ,<br>Mailing Address 500 West Monroe Street   | State                           | Zip Code   |     | Date o<br>08<br>Trans |              | / D 25   |              | 2023<br><b>A578724</b> | _        |
| Chicago<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>GE Healthcare<br>Receipt For:<br>Primary General   | Cat                             | 60661<br>upation (for Individual)<br>egory Sourcing Executive - Mech<br>Year-to-Date ▼   |     |                       |              | f Each I | Receipt th   |                        | d<br>.00 |
| C. Sjoberg, Thomas, Edmund, ,<br>Mailing Address 500 West Monroe Street<br>City<br>Chicago<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>GE Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) | State<br>IL<br>Occu<br>Cate     | 653.00         rganization Name         Zip Code         60661         upation (for Individual)         upory Sourcing Executive - Mecha         Year-to-Date ▼         653.00 |     | Amoun                 | sac<br>it of | tion ID  | 2            | his Period             | 941B3AB8 |
| SUBTOTAL of Receipts This Page (optiona   | l)                              |  |     |                       |              | 5        |              | 174                    | .00      |

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|-------------|---|-----------|-------|---|----------|-----------------|-----------------|-------|-----------|------------|--------------------|-------|-------|
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| $\setminus$ | NAME OF COMMITTEE (In Full)   |           |       |   |          |                 |                 |       |           |            |                    |       |       |
| $\sum$      | GE HealthCare Technologies Inc.   | PAC       |       |   |          |                 |                 |       |           |            |                    |       |       |
| Α.          | Full Name of Individual (Last, First, Middle Initial) Sjoberg, Thomas, Edmund, ,                      | or Full ( | Orga  | nization Name   |          | Date of         | Re              | cei   | pt        |            |                    |       |       |
|             | Mailing Address 500 West Monroe Street  |           |       |   |          | 10 <sup>M</sup> | 1               | Ľ     | 20        | ] ′ [      | Y Y<br>202         | 3     |       |
|             | 3   | State     |       | Zip Code  |          | Trans           | acti            | ion   | ID : I    | D606B      | 671D1E             | 9410  | F9B36 |
|             | Chicago   | IL        |       | 60661   | _ /      | Amount          | t of            | Ead   | ch Re     | eceipt     | this Per           | iod   |       |
|             | FEC ID number of contributing federal political committee.  | С         |       |   |          |                 |                 | -     |           |            |                    | 58.00 | )     |
|             | Name of Employer (for Individual)<br>GE Healthcare  |           | •     | tion (for Individual)<br>ry Sourcing Executive - Mechar | ni       | Me              | emo             | ) Ite | em        |            |                    |       |       |
|             | Receipt For: A  | ggregate  | e Ye  | ar-to-Date <b>V</b>                                     | 7        |                 |                 |       |           |            |                    |       |       |
|             | Primary General   | <u></u>   |       |   | 1        |                 |                 |       |           |            |                    |       |       |
|             | Other (specify) ▼   |           | 7     | 653.00  |          |                 |                 |       |           |            |                    |       |       |
| в           | Full Name of Individual (Last, First, Middle Initial)<br>Sjoberg, Thomas, Edmund, ,                   | or Full ( | Orga  | nization Name   |          | Date of         | <sup>;</sup> Re | cei   | pt        |            |                    |       |       |
|             | Mailing Address 500 West Monroe Street  |           |       |   |          | 11 Date of      | _               |       | ייק<br>17 | <b>'</b> [ | y y y 2023         |       | 7     |
|             | City  | State     |       | Zip Code  | -        |                 | J.              | L     | 1         | J L        |                    |       |       |
|             | Chicago   | IL        |       | 60661   |          |                 |                 |       |           |            | 3E8272<br>this Per |       | OBESE |
|             | EEC ID number of contributing   |           | _     |   | <b> </b> | unouni          | . 01            | -a(   |           | Socipt     |                    | .50   |       |
|             | FEC ID number of contributing federal political committee.  | C         |       |   |          | <u>_</u>        |                 | 7     | _         | -          |                    | 58.00 | )     |
|             | Name of Employer (for Individual)   | Oco       | cupa  | tion (for Individual)                                   |          | Me              | emo             | ) Ite | m         |            |                    |       |       |
|             | GE Healthcare   | Ca        | atego | ry Sourcing Executive - Mecha                           | n        |                 |                 |       |           |            |                    |       |       |
|             |   | ggregate  | e Yea | ar-to-Date 🔻  |          |                 |                 |       |           |            |                    |       |       |
|             | Primary General   |           | -     | 653.00  |          |                 |                 |       |           |            |                    |       |       |
|             | Other (specify) ▼   |           | ,     | 653.00  |          |                 |                 |       |           |            |                    |       |       |
| с.          | Full Name of Individual (Last, First, Middle Initial) Sjoberg, Thomas, Edmund, ,                      | or Full ( | Orga  | nization Name   |          | Date of         | Re              | cei   | pt        |            |                    |       |       |
|             | Mailing Address 500 West Monroe Street  |           | _     |   |          | <sup>M</sup> 12 | 1               | Γ     | 15        | ] ′ [      | ý<br>2023          |       |       |
|             | City  | State     |       | Zip Code  |          | Trans           | acti            | ion   | ID :      | F7339      | 9E2578             | F440  | 89E67 |
|             | Chicago   | IL        |       | 60661   | /        | Amount          | t of            | Ead   | ch Re     | eceipt     | this Per           | iod   |       |
|             | FEC ID number of contributing federal political committee.  | С         | _     |   |          |                 | _               | 9     |           | . ,        |                    | 58.00 | )     |
|             | Name of Employer (for Individual)<br>GE Healthcare  |           | •     | tion (for Individual)<br>ry Sourcing Executive - Mechar | nic      | M               | emo             | o Ite | ∍m        |            |                    |       |       |
|             | Pagaint For:  | 1         | -     |   |          |                 |                 |       |           |            |                    |       |       |
|             | Primary General   | vyyregate | e rei | ar-to-Date 🔻  |          |                 |                 |       |           |            |                    |       |       |
|             | Other (specify)   |           | -     | 653.00  |          |                 |                 |       |           |            |                    |       |       |
| s.          | UBTOTAL of Receipts This Page (optional)  |           |       | <b>k</b>  |          | _               |                 |       |           |            | 1                  | 74.00 | )     |
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|           | NAME OF COMMITTEE (In Full)  |                |      |  |   |                 |       |           |                                       |            |          |
| $\rangle$ | GE HealthCare Technologies In  | c. PAC         |      |  |   |                 |       |           |                                       |            |          |
| Α.        |  | ial) or Full O | )rga | nization Name  |   | Date            | of R  | eceipt    |                                       |            |          |
|           | Mailing Address 500 West Monroe Street   |                |      |  |   | <sup>™</sup> 07 | M     | / D<br>28 | D / Y                                 | 2023       | Ŷ        |
|           | City   | State          |      | Zip Code   |   | Trar            | nsact | tion ID : | : 534D0F                              | C443D64    | D09BF24  |
|           | Chicago  | IL             |      | 60661  | _ | Amou            | nt of | Each F    | Receipt tl                            | nis Perioc | ł        |
|           | FEC ID number of contributing federal political committee.                                   | С              |      |  |   |                 |       | -         |                                       | 50         | .00      |
|           | Name of Employer (for Individual)  | Occ            | upa  | tion (for Individual)                                    |   |                 | Mem   | o Item    |                                       |            |          |
|           | GE Healthcare  | GM             | , Gl | obal Logistics & Distribution                            |   |                 |       |           |                                       |            |          |
|           | Receipt For:   | Aggregate      | Ye   | ar-to-Date 🔻   |   |                 |       |           |                                       |            |          |
|           | Primary General  | , 199. oguto   |      |  |   |                 |       |           |                                       |            |          |
|           | Other (specify) V  |                | -9-  | 600.00   |   |                 |       |           |                                       |            |          |
| в.        | Full Name of Individual (Last, First, Middle Initi<br>Slupecki, Andrew, J, ,                 | ial) or Full O | Drga | nization Name  |   | Date            | of R  | eceipt    |                                       |            |          |
|           | Mailing Address 500 West Monroe Street   |                |      |  |   | <sup>™</sup> 08 | M     | 25        | D / Y                                 | 2023       | Y        |
|           | City   | State          |      | Zip Code   |   | Trar            | nsact | tion ID : | E131D9                                | 8669D24    | A908FD0  |
|           | Chicago  | IL             |      | 60661  |   | Amou            | nt of | Each I    | Receipt tl                            | nis Perioc | ł        |
|           | FEC ID number of contributing federal political committee.                                   | С              |      |  |   |                 |       |           |                                       | 50         | .00      |
|           | Name of Employer (for Individual)<br>GE Healthcare   |                | •    | ation (for Individual)<br>lobal Logistics & Distribution |   |                 | Mem   | o Item    |                                       |            |          |
|           | Receipt For:   | Aggregate      | Vo   | ar-to-Date ▼   | - |                 |       |           |                                       |            |          |
|           | Primary General  | Aggiogato      | 10   |  |   |                 |       |           |                                       |            |          |
|           | Other (specify) V  | L              | ,    | 600.00   |   |                 |       |           |                                       |            |          |
| с.        | Full Name of Individual (Last, First, Middle Initi Slupecki, Andrew, J, ,                    | ial) or Full O | Drga | nization Name  |   | Date            | of R  | eceipt    |                                       |            |          |
|           | Mailing Address 500 West Monroe Street   |                |      |  |   | <sup>M</sup> 09 |       | / D 22    |                                       | 2023       | Y        |
|           | City   | State          |      | Zip Code   |   | Tra             | nsac  | tion ID   | : 876A64                              | 5CD09C4    | 17D697DA |
|           | Chicago  | IL             |      | 60661  | _ | Amou            | nt of | Each I    | Receipt tl                            | nis Period | ł        |
|           | FEC ID number of contributing federal political committee.                                   | С              |      |  |   | _               |       | y 1       | , , , , , , , , , , , , , , , , , , , | 50         | .00      |
|           | Name of Employer (for Individual)<br>GE Healthcare   |                | •    | tion (for Individual)<br>obal Logistics & Distribution   |   |                 | Mem   | o Item    |                                       |            |          |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Ye   | ar-to-Date ▼<br>600.00                                   |   |                 |       |           |                                       |            |          |
| s         | UBTOTAL of Receipts This Page (optional)   |                |      | •••••  |   |                 |       | ,         | 9                                     | 150        | .00      |

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| sing the name and add<br>gies Inc. PAC<br>iddle Initial) or Full Orga<br>eet<br>State<br>IL<br>C<br>Occupa                                     | anization Name Zip Code 60661 ation (for Individual) Iobal Logistics & Distribution ear-to-Date ▼ 600.00                   | 13       14       15       16       17         errson for the purpose of soliciting contributions to solicit contributions from such committee.       Date of Receipt       10       2023         Model       20       2023       2023       2023         Transaction ID : B4DD010D007B49F0A3I       Amount of Each Receipt this Period       50.00         Memo Item       11       17       2023         Date of Receipt       11       17       2023         Memo Item       11       17       2023         Amount of Each Receipt       11       17       2023         Memo Item       11       17       2023         Amount of Each Receipt this Period       11       17       2023   |
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| iddle Initial) or Full Orga  | Zip Code<br>60661<br>ation (for Individual)<br>Iobal Logistics & Distribution<br>ear-to-Date ▼<br>600.00<br>anization Name | Minim       /       2023         Transaction ID : B4DD010D007B49F0A3E         Amount of Each Receipt this Period         50.00         Memo Item         Date of Receipt         11       17         2023         Transaction ID : E40CF58D21F34F379C9  |
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| eet       State       IL       C       Occupa       GM, G       Aggregate Yee       iddle Initial) or Full Orga       eet       State       IL | Zip Code<br>60661<br>ation (for Individual)<br>Iobal Logistics & Distribution<br>ear-to-Date ▼<br>600.00<br>anization Name | Minim       /       2023         Transaction ID : B4DD010D007B49F0A3I         Amount of Each Receipt this Period         50.00         Memo Item         Date of Receipt         11       17         2023         Transaction ID : E40CF58D21F34F379C9  |
| State<br>IL<br>Occupa<br>GM, G<br>Aggregate Ye<br>iddle Initial) or Full Orga  | 60661<br>ation (for Individual)<br>iobal Logistics & Distribution<br>ear-to-Date ▼<br>600.00<br>anization Name             | 10       20       2023         Transaction ID : B4DD010D007B49F0A3I         Amount of Each Receipt this Period         50.00         Memo Item         Date of Receipt         11       17         2023         Transaction ID : E40CF58D21F34F379C9  |
| IL<br>C<br>Occupa<br>GM, G<br>Aggregate Ye<br>iddle Initial) or Full Orga<br>eet<br>State<br>IL  | 60661<br>ation (for Individual)<br>iobal Logistics & Distribution<br>ear-to-Date ▼<br>600.00<br>anization Name             | Amount of Each Receipt this Period<br>50.00<br>Memo Item<br>Date of Receipt<br>11 / 17 / 2023<br>Transaction ID : E40CF58D21F34F379C9   |
| C<br>Occupa<br>GM, G<br>Aggregate Ye<br>iddle Initial) or Full Orga<br>eet<br>State<br>IL  | ation (for Individual)<br>Hobal Logistics & Distribution<br>ear-to-Date ▼<br>600.00<br>anization Name                      | 50.00           Memo Item           Date of Receipt           11         17           2023           Transaction ID : E40CF58D21F34F379C9   |
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| Aggregate Ye   | ear-to-Date V<br>600.00<br>anization Name<br>Zip Code  | M         M         /         D         /         Y |
| Aggregate Ye   | ear-to-Date V<br>600.00<br>anization Name<br>Zip Code  | 11         17         2023           Transaction ID : E40CF58D21F34F379C9   |
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| State<br>IL  | · ·  | 11 17 2023<br>Transaction ID : E40CF58D21F34F379C9  |
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| State  | Zip Code   | Transaction ID : 6F2600DC42E84387A02  |
| IL   | 60661  | Amount of Each Receipt this Period  |
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|  | eet<br>IL<br>C<br>Occup<br>GM, G   | iddle Initial) or Full Organization Name<br>eet<br>State IL<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C  |

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

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|--|------------------------|--|------|-----------------|------|--------------|-------|-----------|-------------|--------------|
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| NAME OF COMMITTEE (In Full)  |                        |  |      |                 |      |              |       |           |             |              |
| GE HealthCare Technologies I   | nc. PAC                |  |      |                 |      |              |       |           |             |              |
| Full Name of Individual (Last, First, Middle In Stacherski, Kenneth, , ,                           | nitial) or Full C      | rganization Name   |      | Date of         | Re   | eceipt       |       |           |             |              |
| Mailing Address 500 West Monroe Street   |                        |  |      | 07              | /    |              | 28    | / Y       | ү ү<br>2023 | Y            |
| City   | State                  | Zip Code   |      | Trans           | acti | ion IC       | ) : F | 7FB09     | B8F97247    | 1BAFE        |
| Chicago  | IL                     | 60661  |      | Amount          | tof  | Each         | Re    | eceipt th | nis Period  |              |
| FEC ID number of contributing federal political committee.   | С                      |  |      |                 |      | - <b>j</b> - |       |           | 416.0       | 00           |
| Name of Employer (for Individual)<br>GE Healthcare   |                        | upation (for Individual)<br>Id of Global Supply Chain and Se | rvii | M               | emo  | ltem         | ı     |           |             |              |
| Receipt For:   | Aggregate              | Year-to-Date ▼   |      |                 |      |              |       |           |             |              |
| Primary General<br>Other (specify) ▼   |                        | 4576.00  | ]    |                 |      |              |       |           |             |              |
| Full Name of Individual (Last, First, Middle In<br>3. Stacherski, Kenneth, , ,                     | l<br>hitial) or Full C | rganization Name   |      | Date of         | Re   | ceint        |       |           |             |              |
| Mailing Address 500 West Monroe Street   |                        |  |      | 08              | /    | D            | 25    | / Y       | 2023        | Y            |
| City   | State                  | Zip Code   |      |                 |      |              |       | 076000    | C2B07C43    | 20000        |
| Chicago  | IL                     | 60661  |      |                 |      |              |       |           | nis Period  | <u>10000</u> |
| FEC ID number of contributing federal political committee.   | С                      |  |      |                 |      |              |       | -         | 416.0       | 00           |
| Name of Employer (for Individual)  |                        | upation (for Individual)                                     |      | M               | emo  | ltem         | ı     |           |             |              |
| GE Healthcare Receipt For:   | I                      | ad of Global Supply Chain and Se                             | IVI  |                 |      |              |       |           |             |              |
| Primary General  | Aggregate              | Year-to-Date ▼   |      |                 |      |              |       |           |             |              |
| Other (specify) ▼  |                        | , 4576.00  |      |                 |      |              |       |           |             |              |
| Full Name of Individual (Last, First, Middle In Stacherski, Kenneth, , ,                           | nitial) or Full C      | rganization Name   |      | Date of         | Re   | eceipt       |       |           |             |              |
| Mailing Address 500 West Monroe Street   |                        |  |      | <sup>M</sup> 09 | J.   | 2            | 22    | / Y       | ү ү<br>2023 |              |
| City   | State                  | Zip Code   |      | Trans           | act  | ion IE       | D:0   | CA8E4C    | 3733964     | C85822       |
| Chicago  | IL                     | 60661  | /    | Amount          | t of | Each         | Re    | eceipt th | nis Period  |              |
| FEC ID number of contributing federal political committee.   | С                      |  |      |                 |      | ,            |       | ,         | 416.        | 00           |
| Name of Employer (for Individual)<br>GE Healthcare   |                        | upation (for Individual)<br>d of Global Supply Chain and Se  | vic  | M               | emc  | b Item       | ı     |           |             |              |
| Receipt For:   |                        | ,  |      |                 |      |              |       |           |             |              |
| Primary General<br>Other (specify)   | Aygregate              | Year-to-Date ▼<br>4576.00                                    | ]    |                 |      |              |       |           |             |              |
| SUBTOTAL of Receipts This Page (optional)  |                        |  |      |                 |      | 9            |       | . ,       | 1248.0      | 00           |

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### SCHEDULE A (FEC Form 3X) DEAEIDTA

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| EMIZED RECEIPTS Use separate schedule(s) for each category of the         | (check c              | check only one)   |                |         |            |            |           |         |
|---|-----------------------|---|----------------|---------|------------|------------|-----------|---------|
| ITEMIZED RECEIPTS   |                       | for each category of the<br>Detailed Summary Page             | X 11a          |         | 11b        | 11c        | 12        | <b></b> |
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| or for commercial purposes, other than usin                               | g the name and a      | ddress of any political committee                             | e to solicit o | contril | outions fi | rom such   | committ   | ee.     |
|   |                       |   |                |         |            |            |           |         |
| GE HealthCare Technologie   | es Inc. PAC           |   |                |         |            |            |           |         |
| Full Name of Individual (Last, First, Midd                                | le Initial) or Full C | rganization Name  |                |         |            |            |           |         |
| A. Stacherski, Kenneth, , ,   |                       |   | _              |         | eceipt     | _          |           |         |
| Mailing Address 500 West Monroe Street                                    |                       |   | 1(             |         | 20         | / Y        | 2023      | Y       |
| City  | State                 | Zip Code  | Tra            | nsac    | tion ID :  | 978645D    | B246541   | 429372  |
| Chicago   | IL                    | 60661   | Amoi           | unt of  | Each R     | eceipt thi | is Period |         |
| FEC ID number of contributing federal political committee.                | С                     |   |                |         | -g=-       |            | 416.      | 00      |
| Name of Employer (for Individual)<br>GE Healthcare                        |                       | upation (for Individual)<br>d of Global Supply Chain and Ser  |                | Mem     | o Item     |            |           |         |
| Receipt For:  | Aggregate             | Year-to-Date ▼  |                |         |            |            |           |         |
| Primary General   |                       | 4576.00   | 1              |         |            |            |           |         |
| Other (specify)   |                       | 4370.00   |                |         |            |            |           |         |
| Full Name of Individual (Last, First, Midd<br>B. Stacherski, Kenneth, , , | le Initial) or Full C | rganization Name  | Date           | of R    | eceipt     |            |           |         |
| Mailing Address 500 West Monroe Street                                    |                       |   | M<br>1         |         | D D<br>17  | / Y        | 2023      | Y       |
| City  | State                 | Zip Code  |                |         |            |            |           | FC865E  |
| Chicago   | IL                    | 60661   | Amou           | unt of  | Each R     | eceipt thi | is Period |         |
| FEC ID number of contributing federal political committee.                | C                     |   |                |         |            |            | 416.      | 00      |
| Name of Employer (for Individual)<br>GE Healthcare                        |                       | upation (for Individual)<br>ad of Global Supply Chain and Sel |                | Mem     | o Item     |            |           |         |
| Receipt For:  | Aggregate             | Year-to-Date 🔻  |                |         |            |            |           |         |
| Other (specify) ▼   |                       | 4576.00   |                |         |            |            |           |         |
| Full Name of Individual (Last, First, Midd<br>C. Stacherski, Kenneth, , , | le Initial) or Full C | rganization Name  | Date           | of R    | eceipt     |            |           |         |
| Mailing Address 500 West Monroe Street                                    |                       |   | 12             |         | D D D 15   | / Y        | 2023      | Y       |
| City  | State                 | Zip Code  | Tra            | nsac    | tion ID :  | A1F8F74    | 71FF642   | 138AC1  |
| Chicago   | IL                    | 60661   | Amou           | unt of  | Each R     | eceipt thi | is Period |         |
| FEC ID number of contributing federal political committee.                | C                     |   |                |         | ,          | 9          | 416.      | 00      |
| Name of Employer (for Individual)<br>GE Healthcare                        |                       | upation (for Individual)<br>d of Global Supply Chain and Ser  | vic            | Mem     | o Item     |            |           |         |
| Receipt For:<br>Primary General<br>Other (specify)                        | Aggregate             | Year-to-Date ▼<br>4576.00                                     | 1              |         |            |            |           |         |
|   |                       |   | <u>'</u>       | _       |            |            | 12/0      | 20      |
| SUBTOTAL of Receipts This Page (optional                                  | al)                   | •   | <u> </u>       | _       | y          | y          | 1248.0    |         |

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| 110               |  |                |           | or each category of the<br>Detailed Summary Page |        | X 11a           |         | 11b           | 11c                  | 12              |        | <b>_</b> |
| Any               | information copied from such Reports and S                                 | tatements ma   | L<br>ay n | ot be sold or used by any pe                     | erson  | 13<br>for the   | <br>pur | 14<br>pose of | 15<br>soliciting     | 16<br>  contrit | outio  | 17<br>ns |
|                   | or commercial purposes, other than using the                               | name and a     | addre     | ess of any political committee                   | e to s | solicit cor     | ntrib   | utions f      | rom such             | n comm          | hittee |          |
| $\langle \rangle$ |  |                |           |  |        |                 |         |               |                      |                 |        |          |
| / '               | GE HealthCare Technologies Ir  | nc. PAC        |           |  |        |                 |         |               |                      |                 |        |          |
|                   | Full Name of Individual (Last, First, Middle Init                          | ial) or Full O | )rgai     | nization Name                                    |        | _               |         |               |                      |                 |        |          |
| A                 | Stoddard, Scott, E, ,  |                |           |  | _      | Date of         | Re      | ceipt         |                      |                 |        |          |
| N                 | Nailing Address 500 West Monroe Street                                     |                |           |  |        | <sup>M</sup> 07 | 1       | D D D 28      | / Y                  | 2023            |        | 1        |
| Ō                 | Dity   | State          |           | Zip Code   |        | Trans           | acti    | ion ID :      | 639FBEI              | F75531          | 4C22   | 2A8EE    |
| _                 | Chicago  | IL             |           | 60661  | _      | Amount          | of      | Each R        | eceipt th            | is Perio        | bc     |          |
|                   | EC ID number of contributing ederal political committee.                   | С              |           |  |        |                 |         |               |                      | 5               | 8.00   |          |
|                   | Vame of Employer (for Individual)<br>GE Healthcare                         |                | •         | ion (for Individual)<br>Vice President           |        | Me              | emo     | Item          |                      |                 |        |          |
| F                 | Receipt For:   | Aggregate      | Yea       | r-to-Date ▼                                      |        |                 |         |               |                      |                 |        |          |
|                   | Primary General  |                |           | 580.00   | L.     |                 |         |               |                      |                 |        |          |
|                   | Other (specify) V  |                | -         | 560.00   |        |                 |         |               |                      |                 |        |          |
|                   | Full Name of Individual (Last, First, Middle Init<br>Stoddard, Scott, E, , | ial) or Full O | )rgai     | nization Name                                    |        | Date of         | Re      | ceipt         |                      |                 |        |          |
| Ν                 | Aailing Address 500 West Monroe Street                                     |                |           |  |        | M               | /       | DDD           | / Y                  | YYY             | Y      | 1        |
| ī                 | Dity   | State          |           | Zip Code   | _      | 08              | ١.      | 25            |                      | 2023            |        |          |
|                   | Chicago  | IL             |           | 60661  | F      |                 |         |               | 5D61896<br>eceipt th |                 |        | 5806F    |
| F                 | EC ID number of contributing   |                | -         |  |        |                 |         | 2401111       | eccipt in            |                 |        | -        |
| f                 | ederal political committee.  | C              |           |  |        | <u></u>         | _       | -             | 1 - APA              | 5               | 8.00   | _        |
| ١                 | Name of Employer (for Individual)  |                |           | tion (for Individual)                            |        | Me              | emo     | Item          |                      |                 |        |          |
|                   | GE Healthcare  |                |           | Vice President                                   |        |                 |         |               |                      |                 |        |          |
| F                 | Receipt For:   | Aggregate      | Yea       | r-to-Date ▼                                      | _      |                 |         |               |                      |                 |        |          |
|                   | Other (specify) V  |                | ,         | 580.00   |        |                 |         |               |                      |                 |        |          |
|                   | Full Name of Individual (Last, First, Middle Init<br>Stoddard, Scott, E, , | ial) or Full O | )rgai     | nization Name                                    |        | Date of         | Re      | ceipt         |                      |                 |        |          |
| N                 | Aailing Address 500 West Monroe Street                                     |                |           |  |        | м м<br>09       | /       | D D<br>22     | / Y                  | 2023            | Y      | 1        |
| C                 | Dity   | State          |           | Zip Code   | $\neg$ | Trans           | act     | ion ID :      | 7D61220              | )2FF20          | 4D5    | EB78F    |
| _                 | Chicago  | IL             |           | 60661  |        | Amount          | of      | Each R        | eceipt th            | is Peric        | bc     |          |
|                   | EC ID number of contributing ederal political committee.                   | С              |           |  |        |                 |         | y .           | , y                  | 5               | 8.00   |          |
| (                 | lame of Employer (for Individual)<br>GE Healthcare                         |                | •         | ion (for Individual)<br>/ice President           |        | M               | emc     | tem           |                      |                 |        |          |
| Ē                 | Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate      | Yea       | r-to-Date ▼<br>580.00                            |        |                 |         |               |                      |                 |        |          |
| su                | BTOTAL of Receipts This Page (optional)                                    |                |           | ·····  |        | <u> </u>        |         | y             | 9                    | 17              | 4.00   |          |

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| ITEMIZED RECEIPTS  |                                   | Use separate schedule(s) for each category of the                      | (check only one)   |
|--|-----------------------------------|--|--|
|  |                                   | Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         1 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using | d Statements ma<br>the name and a | ay not be sold or used by any po<br>address of any political committee | erson for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)  |                                   |  |  |
| GE HealthCare Technologies   | Inc. PAC                          |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Stoddard, Scott, E, ,              | Initial) or Full C                | Organization Name  | Date of Receipt  |
| Mailing Address 500 West Monroe Street   |                                   |  | 10 / D D / Y Y Y Y Y<br>2023   |
| City<br>Chicago  | State<br>IL                       | Zip Code<br>60661  | Transaction ID : B35E0E9C5CCE4748A<br>Amount of Each Receipt this Period                                 |
| FEC ID number of contributing federal political committee.                                   | С                                 |  | 58.00  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>ket Vice President                         | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date ▼<br>580.00   |  |
| Full Name of Individual (Last, First, Middle<br>B. Stoddard, Scott, E, ,                     | Initial) or Full C                | Organization Name  | Date of Receipt  |
| Mailing Address 500 West Monroe Street   | State                             | Zip Code   | 11 / D D / Y Y Y Y<br>11 17 2023   |
| Chicago  | IL                                | 60661  | Transaction ID : D51A85AA38EA416C81           Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.                                   | С                                 |  | 58.00  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>rket Vice President                        | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | Year-to-Date ▼<br>580.00   |  |
| Full Name of Individual (Last, First, Middle<br>C. Stoddard, Scott, E, ,                     | Initial) or Full C                | Organization Name  | Date of Receipt  |
| Mailing Address 500 West Monroe Street   |                                   |  | 12 / D D / Y Y Y Y<br>15 / 2023  |
| City<br>Chicago  | State<br>IL                       | Zip Code<br>60661  | Transaction ID : 7C34CC83F2E245469A           Amount of Each Receipt this Period                         |
| FEC ID number of contributing federal political committee.                                   | С                                 |  | 58.00  |
| Name of Employer (for Individual)<br>GE Healthcare   |                                   | upation (for Individual)<br>ket Vice President                         | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                         | Year-to-Date ▼<br>580.00   |  |
| SUBTOTAL of Receipts This Page (optional)  |                                   |  | 174.00   |
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|              | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page   | X 11a 11b 11c 12  |
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|              |  |                 |   | 13     14     15     16     1       erson for the purpose of soliciting contributions |
|              | for commercial purposes, other than using the                          | name and ad     | uress of any political committee                    | e to solicit contributions from such committee.                                       |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                 |   |   |
| /            | GE HealthCare Technologies In  | c. PAC          |   |   |
| Α.           | Full Name of Individual (Last, First, Middle Init<br>Stone, Mark, W, , | al) or Full Org | anization Name                                      | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street                                 |                 |   | 09 22 2023  |
|              | City   | State           | Zip Code  | Transaction ID : C5A0CBA9DF0D4E3FA  |
|              | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|              | -  |                 |   |   |
|              | FEC ID number of contributing<br>federal political committee.          | С               |   | 40.00   |
|              | Name of Employer (for Individual)                                      | Occup           | ation (for Individual)                              | Memo Item   |
|              | GE Healthcare  | Execu           | utive, Strategic Clients                            | -   |
|              | Receipt For:   |                 | ear-to-Date ▼                                       | -   |
|              | Primary General  | Ayyreyale T     |   |   |
|              | Other (specify) ▼  |                 | 360.00  |   |
|              |  |                 | A 46  |   |
| 3.           | Full Name of Individual (Last, First, Middle Init Stone, Mark, W, ,    | al) or Full Org | anization Name                                      | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street                                 |                 |   | 10 20 2023  |
|              | City   | State           | Zip Code  | Transaction ID : 11D021045DDA4266912  |
|              | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing  |                 |   |   |
|              | federal political committee.   | С               |   | 40.00   |
|              | Name of Employer (for Individual)                                      | 000             | pation (for Individual)                             | Memo Item   |
|              | GE Healthcare  |                 | utive, Strategic Clients                            |   |
|              | Receipt For:   |                 |   |   |
|              | Primary General  | Aggregate Y     | ear-to-Date <b>V</b>                                |   |
|              | Other (specify) V  |                 | 360.00  |   |
|              |  |                 |   | ·   |
| С.           | Full Name of Individual (Last, First, Middle Init<br>Stone, Mark, W, , | al) or Full Org | anization Name                                      | Date of Receipt   |
|              | Mailing Address 500 West Monroe Street                                 |                 |   | 11 17 2023  |
|              | City   | State           | Zip Code  | Transaction ID : 8E4791C3E0904920964  |
|              | Chicago  | IL              | 60661   | Amount of Each Receipt this Period  |
|              | FEC ID number of contributing  |                 |   |   |
|              | federal political committee.   | С               |   | 40.00   |
|              | Name of Employer (for Individual)<br>GE Healthcare                     |                 | pation (for Individual)<br>Itive, Strategic Clients | Memo Item   |
|              | Receipt For:   | Aggregate Y     | ear-to-Date 🔻                                       |   |
|              | Primary General  | .33. 394.0 1    |   |   |
|              | Other (specify)  |                 | 360.00  |   |
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| 11                     |  |               | for each category of the<br>Detailed Summary Page               |  | <b>X</b> 11a    | $\vdash$ | 11b     | 11c      | 12          |         |
|                        | ny information copied from such Reports and Sta                                    |               |   |  |                 | purp     |         |          |             |         |
| or                     | for commercial purposes, other than using the                                      | name and a    | aaress of any political committee                               | to s   | olicit con      | ITIDU    | itions  | rom such | n committ   | ee.     |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |               |   |  |                 |          |         |          |             |         |
| $\vee$                 | GE HealthCare Technologies Ind   | C. PAC        |   |  |                 |          |         |          |             |         |
| Α.                     | Full Name of Individual (Last, First, Middle Initia<br>Stone, Mark, W, ,           | al) or Full O | rganization Name  |  | Date of         | Rec      | eipt    |          |             |         |
|                        | Mailing Address 500 West Monroe Street   |               |   |  | <sup>M</sup> 12 | /        | D<br>15 | ) / Y    | 2023        | Y       |
|                        | City<br>Chicago  | State<br>IL   | Zip Code<br>60661   | Transaction ID : E8479C150BDC44F1B<br>Amount of Each Receipt this Period |                 |          |         |          |             |         |
|                        | FEC ID number of contributing federal political committee.                         | С             |   | 40.00  |                 |          |         |          |             | 00      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                 |               | upation (for Individual)<br>cutive, Strategic Clients           |  | Me              | emo      | ltem    |          |             |         |
|                        | Receipt For:       General         Primary       General         Other (specify) ▼ | Aggregate     | Year-to-Date ▼<br>360.00  |  |                 |          |         |          |             |         |
| в.                     | Full Name of Individual (Last, First, Middle Initia<br>Sullivan, Lisa, M, ,        | al) or Full O | rganization Name  |  | Date of         | Rec      | eipt    |          |             |         |
|                        | Mailing Address 500 West Monroe Street   |               |   |  | M M<br>07       | /        | D 28    | ) / Y    | y y<br>2023 | Y       |
|                        | City<br>Chicago  | State<br>IL   | Zip Code<br>60661   |  |                 |          |         |          | 30A3EA4     | 7E0A340 |
|                        | FEC ID number of contributing federal political committee.                         | С             |   |  | <u> </u>        |          |         |          | 58.0        | 00      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                 |               | upation (for Individual)<br>ccutive, Patient Care Solutions Qua | al   | Me              | emo      | ltem    |          |             |         |
|                        | Receipt For:<br>Primary General<br>Other (specify) ▼                               |               |   |  |                 |          |         |          |             |         |
| <u>_</u> .             | Full Name of Individual (Last, First, Middle Initia<br>Sullivan, Lisa, M, ,        | al) or Full O | rganization Name  |  | Date of         | Rec      | eipt    |          |             |         |
|                        | Mailing Address 500 West Monroe Street   |               |   |  | 08              | /        | 25      |          | 2023        | Y       |
|                        | City<br>Chicago  | State<br>IL   | Zip Code<br>60661   |  |                 |          |         |          | 7F91BD4     | CD29AAI |
|                        | FEC ID number of contributing federal political committee.                         | С             |   | <u> </u>   |                 | ,        | , ,     | 58.0     | 00          |         |
|                        | Name of Employer (for Individual)<br>GE Healthcare                                 |               | upation (for Individual)<br>cutive, Patient Care Solutions Qua  | ıl   | Me              | emo      | ltem    |          |             |         |
|                        | Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate     | Year-to-Date ▼<br>672.00  |  |                 |          |         |          |             |         |
| s                      | UBTOTAL of Receipts This Page (optional)   |               | ••••••  | <br>_  |                 |          | , .     |          | 156.0       | 00      |

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| ITEMIZED RECEIPTS  | -                  | Use separate schedule(s)                                       | (ch   | eck only  | / one)   |           |           |                     |         |  |
|--|--------------------|--|---|---|----------|-----------|-----------|---------------------|---------|--|
| TEMIZED RECEIPTS   |                    | for each category of the<br>Detailed Summary Page              |   | ✓ 11a<br>13   | 11       |           | 11c<br>15 | 12                  | 17      |  |
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| NAME OF COMMITTEE (In Full)  |                    | duress of any pointear committee                               | 5 10 30   |   | inibutio | 5115 1101 | II SUCI   | commu               |         |  |
| GE HealthCare Technologies   | Inc. PAC           |  |   |   |          |           |           |                     |         |  |
| Full Name of Individual (Last, First, Middle<br>A. Sullivan, Lisa, M, ,                      | Initial) or Full C | organization Name  |   | Date of   | Recei    | ipt       |           |                     |         |  |
| Mailing Address 500 West Monroe Street   |                    |  |   | 09 22 2023  |          |           |           |                     |         |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661  |   | Transaction ID : E96D301551A64D68A302<br>Amount of Each Receipt this Period |          |           |           |                     |         |  |
| FEC ID number of contributing federal political committee.                                   | C                  |  | 58.00   |   |          |           |           |                     |         |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>cutive, Patient Care Solutions Qu  | al  | Me  | emo Ite  | em        |           |                     |         |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>672.00                                       |   |   |          |           |           |                     |         |  |
| Full Name of Individual (Last, First, Middle<br>B. Sullivan, Lisa, M, ,                      | Initial) or Full C | organization Name  |   | Date of   | Recei    | ipt       |           |                     |         |  |
| Mailing Address 500 West Monroe Street   |                    |  |   |   |          |           |           | y y<br>2023         | Y       |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661  | Transaction ID : 54EDDAF763DD4           Amount of Each Receipt this Period |   |          |           |           |                     |         |  |
| FEC ID number of contributing federal political committee.                                   | С                  |  |   | <u> </u>  | -        |           | -7-       | 58.                 | 00      |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>ecutive, Patient Care Solutions Qu | s Qual  |   |          |           |           |                     |         |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>672.00                                       | 1   |   |          |           |           |                     |         |  |
| Full Name of Individual (Last, First, Middle C. Sullivan, Lisa, M, ,                         | Initial) or Full C | organization Name  |   | Date of   | Recei    | ipt       |           |                     |         |  |
| Mailing Address 500 West Monroe Street   |                    |  |   | M M<br>11   | /        | D D<br>17 | / Y       | 2023 Y              | Y       |  |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661  | _   |   |          |           |           | 9076C4/<br>s Period | AA88463 |  |
| FEC ID number of contributing federal political committee.                                   | С                  |  |   | <u> </u>  | ,        |           | y         | 58.                 | 00      |  |
| Name of Employer (for Individual)<br>GE Healthcare   |                    | upation (for Individual)<br>cutive, Patient Care Solutions Qua | al  | Me  | emo Ito  | em        |           |                     |         |  |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate          | Year-to-Date ▼<br>672.00                                       |   |   |          |           |           |                     |         |  |
| SUBTOTAL of Receipts This Page (optional)  |                    | •••••  | <u> </u>  |   | <b>,</b> |           | 9         | 174.                | 00      |  |

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|   |                           | for each category of the<br>Detailed Summary Page  | X 11a 11b                           |                                      | 12          |        |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   | any no name and a         | action of any pointed committee                    |                                     |                                      |             |        |  |  |  |  |  |
| GE HealthCare Technolog   | gies Inc. PAC             |  |                                     |                                      |             |        |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>A. Sullivan, Lisa, M, ,                  | iddle Initial) or Full Or | ganization Name                                    | Date of Receip                      | t                                    |             |        |  |  |  |  |  |
| Mailing Address 500 West Monroe Stre  | eet                       |  |                                     |                                      |             |        |  |  |  |  |  |
| City  | State                     | Zip Code   | Transaction ID : 4CA36D4BA2F04491BC |                                      |             |        |  |  |  |  |  |
| Chicago   | IL                        | 60661  | Amount of Eacl                      | n Receipt this                       | Period      |        |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                         |  | 58.00                               |                                      |             |        |  |  |  |  |  |
| Name of Employer (for Individual)   | Occu                      | pation (for Individual)                            | Memo Iter                           | n                                    |             |        |  |  |  |  |  |
| GE Healthcare   | Exec                      | cutive, Patient Care Solutions Qu                  | al                                  |                                      |             |        |  |  |  |  |  |
| Receipt For:  | Aggregate                 | Year-to-Date ▼                                     |                                     |                                      |             |        |  |  |  |  |  |
| Primary General   |                           |  | 1                                   |                                      |             |        |  |  |  |  |  |
| Other (specify)   |                           | 672.00   |                                     |                                      |             |        |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br><b>B.</b> Tejero, Rosa, M, ,             | iddle Initial) or Full Or | ganization Name                                    | Date of Receip                      | t                                    |             |        |  |  |  |  |  |
| Mailing Address 500 West Monroe Stre  | eet                       |  |                                     |                                      | y y<br>2023 | Y      |  |  |  |  |  |
| City  | State                     | Zip Code   | Transaction I                       | Transaction ID : 8B9A36290FE0416C86B |             |        |  |  |  |  |  |
| Chicago   | IL                        | 60661  | Amount of Eacl                      | Amount of Each Receipt this Period   |             |        |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                         |  | · · · ·                             |                                      | 20.         | 00     |  |  |  |  |  |
| Name of Employer (for Individual)   | Occu                      | pation (for Individual)                            | Memo Iter                           | n                                    |             |        |  |  |  |  |  |
| GE Healthcare   |                           | ncing Solutions Manager                            |                                     |                                      |             |        |  |  |  |  |  |
| Receipt For:  |                           | Year-to-Date V                                     |                                     |                                      |             |        |  |  |  |  |  |
| Primary General   | Aggregate                 |  |                                     |                                      |             |        |  |  |  |  |  |
| Other (specify)   |                           | 235.00   |                                     |                                      |             |        |  |  |  |  |  |
| Full Name of Individual (Last, First, M<br>C. Tejero, Rosa, M, ,                    | iddle Initial) or Full Or | rganization Name                                   | Date of Receip                      | t                                    |             |        |  |  |  |  |  |
| Mailing Address 500 West Monroe Str   | eet                       |  |                                     |                                      | 2023        | Y      |  |  |  |  |  |
| City  | State                     | Zip Code   | Transaction I                       | D : 60FEA001                         | 1FE046      | 648B5F |  |  |  |  |  |
| Chicago   | IL                        | 60661  | Amount of Eacl                      | n Receipt this                       | Period      |        |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                          | С                         |  |                                     | , .                                  | 20.0        |        |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                                  |                           | pation (for Individual)<br>ncing Solutions Manager | Memo Iter                           | n                                    |             |        |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                  | Aggregate                 | Year-to-Date ▼<br>235.00                           |                                     |                                      |             |        |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (opti  | onal)                     | ······   |                                     |                                      | 98.0        | 00     |  |  |  |  |  |

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| ITEMIZED RECEIPTS   | -                    | Use separate schedule(s)                          | (chec      | k only   | y on  | e)     |           |            |         |  |  |
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|   |                      | for each category of the<br>Detailed Summary Page | X          |  |       | 11b    | 11c       | 12         |         |  |  |
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| or for commercial purposes, other than using                            | the name and a       | address of any political committe                 | e to solic | cit cor  | ntrib | utions | from suc  | n commit   | tee.    |  |  |
|   |                      |   |            |  |       |        |           |            |         |  |  |
| GE HealthCare Technologies  | s inc. PAC           |   |            |  |       |        |           |            |         |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Terry, Jeffrey, R, , | e Initial) or Full C | organization Name                                 | Da         | ate of   | Re    | ceipt  |           |            |         |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |   | Γ          | 07 28 2023   |       |        |           |            |         |  |  |
| City  | State                | Zip Code  |            | Transaction ID : 3874FAB202464367AA3A                                  |       |        |           |            |         |  |  |
| Chicago   | IL                   | 60661   | Ar         | nount  | of    | Each I | Receipt t | his Period |         |  |  |
| FEC ID number of contributing federal political committee.              | С                    |   |            |  |       | ,      |           | 50.        | 00      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |                      | upation (for Individual)<br>D, Command Centers    |            | Me   | emo   | Item   |           |            |         |  |  |
| Receipt For:  | Aggregate            | Year-to-Date V                                    |            |  |       |        |           |            |         |  |  |
| Other (specify)   |                      | 600.00  | ]          |  |       |        |           |            |         |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Terry, Jeffrey, R, , | e Initial) or Full C | Organization Name                                 | Da         | ate of   | Re    | ceipt  |           |            |         |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |   |            |  |       |        | D / Y     | 2023       | Y       |  |  |
| City<br>Chicago   | State<br>IL          | Zip Code<br>60661                                 |            | Transaction ID : 65B33FF02CA9441<br>Amount of Each Receipt this Period |       |        |           |            |         |  |  |
| FEC ID number of contributing federal political committee.              | С                    | С   |            |  |       |        |           | 50.        | 00      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |                      | upation (for Individual)<br>O, Command Centers    |            | Memo Item  |       |        |           |            |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate            | Year-to-Date ▼<br>600.00                          | ]          |  |       |        |           |            |         |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Terry, Jeffrey, R, , | e Initial) or Full C | Organization Name                                 | Da         | ate of   | Re    | ceipt  |           |            |         |  |  |
| Mailing Address 500 West Monroe Street                                  |                      |   | Γ          | 09   | /     | D 22   |           | 2023       | Y       |  |  |
| City  | State                | Zip Code  |            | Trans  | acti  | on ID  | : 4DBED   | 1E24F894   | F31A545 |  |  |
| Chicago   | IL                   | 60661   | Ar         | nount  | of    | Each I | Receipt t | his Period |         |  |  |
| FEC ID number of contributing federal political committee.              | С                    |   |            |  | _     | ,      | ,         | 50.        | 00      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                      |                      | upation (for Individual)<br>D, Command Centers    |            | Me   | emo   | Item   |           |            |         |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                      | Aggregate            | Year-to-Date ▼<br>600.00                          | ]          |  |       |        |           |            |         |  |  |
| SUBTOTAL of Receipts This Page (optional                                | )                    |   |            |  |       | 7      | ,         | 150.       | 00      |  |  |

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|                       | EMIZED RECEIPTS  |                     | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12   |  |  |  |  |  |  |
|-----------------------|--|---------------------|---|--|--|--|--|--|--|--|
|                       |  |                     |   | 13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee. |  |  |  |  |  |  |
|                       | NAME OF COMMITTEE (In Full)  | io nume anu au      | aroso or any pointed committee                    | to contra contrabutions norm such committee.   |  |  |  |  |  |  |
| $\left \right\rangle$ | GE HealthCare Technologies   | Inc. PAC            |   |  |  |  |  |  |  |  |
| A.                    |  | nitial) or Full Org | ganization Name                                   | Date of Receipt  |  |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                               |                     |   | 10 20 Y Y Y Y Y<br>2023  |  |  |  |  |  |  |
|                       | City   | State               | Zip Code  | Transaction ID : 42A0AC4DFB8D4DBC95  |  |  |  |  |  |  |
|                       | Chicago  | IL                  | 60661   | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.           | С                   |   | 50.00  |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)                                    | Occu                | pation (for Individual)                           | Memo Item  |  |  |  |  |  |  |
|                       | GE Healthcare  | CEO,                | , Command Centers                                 | -  |  |  |  |  |  |  |
|                       | Receipt For:   | Anorecate V         | /ear-to-Date ▼                                    |  |  |  |  |  |  |  |
|                       | Primary General  | , iggi egate 1      |   |  |  |  |  |  |  |  |
|                       | Other (specify) ▼  |                     | 600.00  |  |  |  |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle In Terry, Jeffrey, R, , | nitial) or Full Org | ganization Name                                   | Date of Receipt  |  |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                               |                     |   | 11 17 2023   |  |  |  |  |  |  |
|                       | City   | State               | Zip Code  | Transaction ID : A7A2D07A79F24A69A<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                       | Chicago  | IL                  | 60661   |  |  |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.           | С                   |   | 50.00  |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)                                    | Occu                | pation (for Individual)                           | Memo Item  |  |  |  |  |  |  |
|                       | GE Healthcare  |                     | , Command Centers                                 | -  |  |  |  |  |  |  |
|                       | Receipt For:   | Aggregate V         | ∕ear-to-Date ▼                                    | -  |  |  |  |  |  |  |
|                       | Primary General  | , iggi egate 1      |   | 1  |  |  |  |  |  |  |
|                       | Other (specify) V  |                     | 600.00  |  |  |  |  |  |  |  |
| —<br>C.               | Full Name of Individual (Last, First, Middle In Terry, Jeffrey, R, , | nitial) or Full Org | ganization Name                                   | Date of Receipt  |  |  |  |  |  |  |
|                       | Mailing Address 500 West Monroe Street                               |                     |   | 12 15 2023   |  |  |  |  |  |  |
|                       | City   | State               | Zip Code  | Transaction ID : F730524344D845F2B04   |  |  |  |  |  |  |
|                       | Chicago  | IL                  | 60661   | Amount of Each Receipt this Period   |  |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.           | С                   |   | 50.00  |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>GE Healthcare                   |                     | pation (for Individual)<br>Command Centers        | Memo Item  |  |  |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)                   | Aggregate Y         | ⁄ear-to-Date ▼<br>600.00                          |  |  |  |  |  |  |  |

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|   | -                     | Use separate schedule(s)  | (che   | eck only        | / on | e)      |                              |        |          |              |
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| NAME OF COMMITTEE (In Full)   | g the hame and a      | duress of any political committee                               |  |                 |      | ulions  | nom suc                      |        | mille    | <del>.</del> |
| GE HealthCare Technologie   | es Inc. PAC           |   |  |                 |      |         |                              |        |          |              |
| Full Name of Individual (Last, First, Midd<br>A. Tower, Betsy, L, ,                       | le Initial) or Full C | Organization Name   |  | Date of         | Ree  | ceipt   |                              |        |          |              |
| Mailing Address 500 West Monroe Street  |                       |   |  | 11 <sup>M</sup> | /    | D<br>17 |                              | 202    | 23       |              |
| City<br>Chicago   | State<br>IL           | Zip Code<br>60661   | Transaction ID : 86F40B529C7349969I Amount of Each Receipt this Period |                 |      |         |                              |        |          | 69E3E        |
| FEC ID number of contributing federal political committee.                                | C                     |   | 20.0   |                 |      |         |                              |        | 20.00    | )            |
| Name of Employer (for Individual)<br>GE Healthcare  |                       | upation (for Individual)<br>actor of PAC and GAP                |  | Me              | emo  | Item    |                              |        |          |              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      |                       |   |  |                 |      |         |                              |        |          |              |
| Full Name of Individual (Last, First, Midd<br>B. Tower, Betsy, L, ,                       | le Initial) or Full C | Organization Name   |  | Date of         | Ree  | ceipt   |                              |        |          |              |
| Mailing Address 500 West Monroe Street  |                       |   |  |                 |      |         |                              | 202    | ү ү<br>З |              |
| City<br>Chicago   | State<br>IL           | Zip Code<br>60661   |  |                 |      |         | F8AD1F<br>Receipt t          |        |          | 3BB86        |
| FEC ID number of contributing federal political committee.                                | С                     |   |  |                 |      | ,       |                              |        | 20.00    | )            |
| Name of Employer (for Individual)<br>GE Healthcare  |                       | upation (for Individual)<br>ector of PAC and GAP                |  | Me              | emo  | Item    |                              |        |          |              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      |                       |   |  |                 |      |         |                              |        |          |              |
| Full Name of Individual (Last, First, Midd<br>C. Towne, Tonya, T., ,                      | le Initial) or Full C | Organization Name   |  | Date of         | Ree  | ceipt   |                              |        |          |              |
| Mailing Address 500 West Monroe Street  |                       |   |  | 12 <sup>M</sup> | /    | D<br>15 |                              | 202    |          |              |
| City<br>Chicago   | State<br>IL           | Zip Code<br>60661   |  |                 |      | -       | : <b>AF8622</b><br>Receipt t |        |          | 94A1B2       |
| FEC ID number of contributing federal political committee.                                | U C                   |   |  |                 |      |         |                              |        | 20.00    | )            |
| Name of Employer (for Individual)<br>GE Healthcare  |                       | upation (for Individual)<br>oal Director, ISC Digital Fulfillme |  | Me              | emo  | Item    |                              |        |          |              |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate             |   |  |                 |      |         |                              |        |          |              |
| SUBTOTAL of Receipts This Page (optional  | al)                   | •••••   |  |                 |      | , .     | 9                            |        | 60.00    | )            |

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| or for commercial purposes, other than using                           | the name and a     | address of any political committee                      | e to s | olicit cor      | ntributi     | ons froi | m such                                  | committe            | e.         |
| NAME OF COMMITTEE (In Full)  |                    |   |        |                 |              |          |   |                     |            |
| GE HealthCare Technologies   | s Inc. PAC         |   |        |                 |              |          |   |                     |            |
| Full Name of Individual (Last, First, Middle<br>A. Turner, Scott, W, , | Initial) or Full C | Organization Name                                       |        | Date of         | Rece         | ipt      |   |                     |            |
| Mailing Address 500 West Monroe Street                                 |                    |   |        | M M             |              | DD       | / Y                                     | YY                  | Y          |
|  |                    |   |        | 11              | L            | 17       |   | 2023                |            |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                       |        |                 |              |          |   | F0C5B47<br>s Period | 'A483D(    |
| FEC ID number of contributing federal political committee.             | С                  |   |        |                 |              |          | -9-                                     | 20.0                | 0          |
| Name of Employer (for Individual)<br>GE Healthcare                     |                    | upation (for Individual)<br>acutive, Strategic Clients  |        | Me              | emo It       | em       |   |                     |            |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate          | Year-to-Date ▼<br>240.00                                |        |                 |              |          |   |                     |            |
| Full Name of Individual (Last, First, Middle<br>B. Turner, Scott, W, , | Initial) or Full C | Organization Name                                       |        | Date of         | Rece         | ipt      |   |                     |            |
| Mailing Address 500 West Monroe Street                                 |                    |   |        | 12 <sup>M</sup> | 1            | D D 15   | / Y                                     | 2023                | Y          |
| City   | State              |   | Trans  | action          | ID : E9      | 4F9AC    | A6E3041                                 | 1F96B3              |            |
| Chicago  | IL                 | 60661   |        | Amount          | of Ea        | ach Rec  | eipt thi                                | s Period            |            |
| FEC ID number of contributing federal political committee.             | С                  |   |        | <u> </u>        |              |          | -                                       | 20.0                | 0          |
| Name of Employer (for Individual)<br>GE Healthcare                     |                    | cupation (for Individual)<br>ecutive, Strategic Clients |        | Me              | emo It       | em       |   |                     |            |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate          | Year-to-Date ▼<br>, 240.00                              |        |                 |              |          |   |                     |            |
| Full Name of Individual (Last, First, Middle<br>Uhl, Carrie, Renee, ,  | Initial) or Full C | Organization Name                                       |        | Date of         | Rece         | ipt      |   |                     |            |
| Mailing Address 500 West Monroe Street                                 |                    |   |        | м м<br>07       | 1            | 28       | / Y                                     | 2023 Y              | Y          |
| City<br>Chicago  | State<br>IL        | Zip Code<br>60661                                       | _      |                 |              |          |   | 7D33D4F             | E092BF     |
| FEC ID number of contributing federal political committee.             | С                  |   |        | Amount          | of Ea        | ach Hec  | eipt thi                                | s Period<br>100.0   | 0          |
| Name of Employer (for Individual)                                      |                    | upation (for Individual)<br>of Procurement Officer      |        | Me              | emo It       | em       | , |                     |            |
| Receipt For:   | I                  | Year-to-Date V  |        |                 |              |          |   |                     |            |
| Primary General<br>Other (specify)                                     |                    | 1000.00   |        |                 |              |          |   |                     |            |
| SUBTOTAL of Receipts This Page (optional)                              | )                  |   |        |                 | - y          |          | 5                                       | 140.0               | 0          |

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

FEC Schedule A (Form 3X) Rev. 06/2016

### 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)

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|  |  | Detailed Summary Page   |                                    | 11a                                |              | 11b               | 11c                      |               | 12              |              |  |
|--|--|---|------------------------------------|------------------------------------|--------------|-------------------|--------------------------|---------------|-----------------|--------------|--|
|  |  |   |                                    | 13                                 |              | 14                | 15                       |               | 16              | 17           |  |
| Any information copied from such R<br>or for commercial purposes, other th | eports and Statements man using the name and a | ay not be sold or used by any p<br>ddress of any political committe | e to so                            | for the<br>licit co                | pur<br>ntrik | pose o<br>putions | f soliciting<br>from suc | g cor<br>h co | ntribu<br>mmitt | tions<br>ee. |  |
| NAME OF COMMITTEE (In Full)  |  |   |                                    |                                    |              |                   |                          |               |                 |              |  |
| GE HealthCare Techn  | ologies Inc. PAC                               |   |                                    |                                    |              |                   |                          |               |                 |              |  |
| Full Name of Individual (Last, Fir<br>A. Uhl, Carrie, Renee, ,             | st, Middle Initial) or Full O                  | rganization Name  |                                    | Date o                             | f Re         | eceipt            |                          |               |                 |              |  |
| Mailing Address 500 West Monro   | e Street                                       |   |                                    | м м<br>08                          | /            | 25                |                          |               | )23             | Y            |  |
| City   | State  | Zip Code  |                                    | Trans                              | sact         | tion ID           | : F41302                 | С7В3          | 3ED4            | 6F0ACE       |  |
| Chicago  | IL   | 60661   | Amount of Each Receipt this Period |                                    |              |                   |                          |               |                 |              |  |
| FEC ID number of contributing federal political committee.                 | C  |   |                                    | 100.                               | 00           |                   |                          |               |                 |              |  |
| Name of Employer (for Individual   |  | upation (for Individual)  |                                    | М                                  | lemo         | o Item            |                          |               |                 |              |  |
| GE Healthcare  | ,  | ef Procurement Officer  |                                    |                                    |              |                   |                          |               |                 |              |  |
| Receipt For:   |  |   |                                    |                                    |              |                   |                          |               |                 |              |  |
| Primary General  | Aggregate                                      | Year-to-Date ▼  |                                    |                                    |              |                   |                          |               |                 |              |  |
| Other (specify)  |  | 1000.00   | 4                                  |                                    |              |                   |                          |               |                 |              |  |
| Full Name of Individual (Last, Fir<br>B. Uhl, Carrie, Renee, ,             | st, Middle Initial) or Full O                  | rganization Name  |                                    | Date o                             | f Re         | eceipt            |                          |               |                 |              |  |
| Mailing Address 500 West Monro   | e Street                                       |   | 09 22 2023                         |                                    |              |                   |                          |               |                 |              |  |
| City   | State  | Zip Code  |                                    | Trans                              | act          | ion ID            | · F21128                 | DBB           | 66442           | 809590       |  |
| Chicago  | IL   | 60661   |                                    | Amount of Each Receipt this Period |              |                   |                          |               |                 |              |  |
| FEC ID number of contributing federal political committee.                 | С  |   | 100.0                              |                                    |              |                   |                          |               |                 | 00           |  |
| Name of Employer (for Individual   |  | upation (for Individual)  |                                    | М                                  | lemo         | o Item            |                          |               |                 |              |  |
| GE Healthcare  |  | ef Procurement Officer  |                                    |                                    |              |                   |                          |               |                 |              |  |
| Receipt For:   | I  |   |                                    |                                    |              |                   |                          |               |                 |              |  |
| Primary General  | Aggregate                                      | Year-to-Date ▼  |                                    |                                    |              |                   |                          |               |                 |              |  |
| Other (specify) V  |  | 1000,00   |                                    |                                    |              |                   |                          |               |                 |              |  |
| Full Name of Individual (Last, Fir<br>C. Uhl, Carrie, Renee, ,             | st, Middle Initial) or Full O                  | rganization Name  |                                    | Date o                             | f Re         | eceipt            |                          |               |                 |              |  |
| Mailing Address 500 West Monro   | e Street                                       |   |                                    | <sup>M</sup> 10                    | /            | 20                |                          |               | )23             | Y            |  |
| City   | State  | Zip Code  |                                    | Trans                              | sact         | tion ID           | : D2AC0/                 | <b>4B5€</b>   | 61114           | F27876       |  |
| Chicago  | IL   | 60661   |                                    | Amoun                              | t of         | Each I            | Receipt th               | nis P         | eriod           |              |  |
| FEC ID number of contributing federal political committee.                 | C  |   |                                    | <u> </u>                           |              | ,                 | . ,                      | _             | 100.            |              |  |
| Name of Employer (for Individual GE Healthcare                             |  | upation (for Individual)<br>f Procurement Officer                   |                                    | M                                  | lem          | o Item            |                          |               |                 |              |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate                                      | Year-to-Date ▼<br>1000.00   |                                    |                                    |              |                   |                          |               |                 |              |  |
| SUBTOTAL of Receipts This Page   | (optional)                                     |   |                                    |                                    |              | 9                 | 9                        | -             | 300.0           | 00           |  |

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

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Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  | -                         | Use separate schedule(s)                                      | (che                                | ck only                            | y or  | ne)           |                  |                  |          |  |  |
|--|---------------------------|---|-------------------------------------|------------------------------------|-------|---------------|------------------|------------------|----------|--|--|
| II EIVIIZED KEUEIPIJ   |                           | for each category of the<br>Detailed Summary Page             |                                     | 11a                                |       | 11b           | 11c              | 12               | <u> </u> |  |  |
| Any information copied from such Repo                                  | rts and Statements m      | I<br>ay not be sold or used by any p                          | erson f                             | 13<br>or the                       | pur   | 14<br>pose of | 15<br>soliciting | 16<br>g contribu | utions   |  |  |
| or for commercial purposes, other than                                 | using the name and a      | address of any political committe                             | e to sol                            | licit cor                          | ntrib | utions 1      | from sucl        | h commit         | tee.     |  |  |
| NAME OF COMMITTEE (In Full)  |                           |   |                                     |                                    |       |               |                  |                  |          |  |  |
| GE HealthCare Technolo   | gies Inc. PAC             |   |                                     |                                    |       |               |                  |                  |          |  |  |
| Full Name of Individual (Last, First, N                                | Middle Initial) or Full C | Organization Name   |                                     |                                    |       |               |                  |                  |          |  |  |
| A. Umlauft, Debra, , ,   |                           |   |                                     | Date of                            | _     | · ·           |                  |                  |          |  |  |
| Mailing Address 500 West Monroe St                                     | reet                      |   |                                     | 12 15 2023                         |       |               |                  |                  |          |  |  |
| City   | State                     | Zip Code  | Transaction ID : 2A3C8A5036FE49EB89 |                                    |       |               |                  |                  |          |  |  |
| Chicago  | IL                        | 60661   | A                                   | Amount of Each Receipt this Period |       |               |                  |                  |          |  |  |
| FEC ID number of contributing federal political committee.             | C                         |   |                                     |                                    |       | ap. I         |                  | 20               | .00      |  |  |
| Name of Employer (for Individual)                                      | Occ                       | upation (for Individual)                                      |                                     | M                                  | emo   | Item          |                  |                  |          |  |  |
| GE Healthcare  | Ser                       | nior Product Director Cardiology S                            | ol                                  |                                    |       |               |                  |                  |          |  |  |
| Receipt For:   | Aggregate                 | Year-to-Date ▼  |                                     |                                    |       |               |                  |                  |          |  |  |
| Primary General<br>Other (specify) ▼                                   |                           | 220.00  | 11                                  |                                    |       |               |                  |                  |          |  |  |
|  |                           |   | 1.                                  |                                    |       |               |                  |                  |          |  |  |
| Full Name of Individual (Last, First, M<br>B. Vidonish, George, , , JR | Middle Initial) or Full C | Organization Name   |                                     | Date of                            | f Re  | ceipt         |                  |                  |          |  |  |
| Mailing Address 500 West Monroe St                                     | reet                      |   |                                     | м м<br>07                          | /     | 28            | ) / Y            | y y<br>2023      | Y        |  |  |
| City   | State                     | Zip Code  | _                                   |                                    |       |               |                  |                  | 0000075  |  |  |
| Chicago  | IL                        | 60661   | A                                   |                                    |       |               |                  | nis Perioc       | 892B87E  |  |  |
| FEC ID number of contributing federal political committee.             | С                         |   |                                     |                                    |       |               |                  | 116              |          |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                     |                           | upation (for Individual)<br>I, Integrated Supply Chain Progra | ms                                  | M                                  | emo   | ltem          |                  |                  |          |  |  |
| Receipt For:   | Aggregate                 | Year-to-Date <b>V</b>   |                                     |                                    |       |               |                  |                  |          |  |  |
| Other (specify) V  |                           | 812,00  | ]                                   |                                    |       |               |                  |                  |          |  |  |
| Full Name of Individual (Last, First, M<br>C. Vidonish, George, , , JR | Aiddle Initial) or Full C | Organization Name   |                                     | Date of                            | f Re  | ceipt         |                  |                  |          |  |  |
| Mailing Address 500 West Monroe St                                     | reet                      |   |                                     | M M<br>08                          | /     | 25            |                  | 2023             | Y        |  |  |
| City   | State                     | Zip Code  |                                     | Trans                              | act   | ion ID :      | D8D026           | 2A85AA           | 42319848 |  |  |
| Chicago  | IL                        | 60661   | A                                   | Amount                             | t of  | Each F        | Receipt th       | nis Perioc       | ł        |  |  |
| FEC ID number of contributing federal political committee.             | C                         |   |                                     |                                    |       | ,             | . ,              | 116              | .00      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                     |                           | upation (for Individual)<br>, Integrated Supply Chain Prograr | ns                                  | M                                  | emc   | tem           |                  |                  |          |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate                 | Year-to-Date ▼<br>812.00                                      |                                     |                                    |       |               |                  |                  |          |  |  |
| SUBTOTAL of Receipts This Page (op                                     | tional)                   |   |                                     |                                    |       | ,             | 9                | 252              | .00      |  |  |

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

1.

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                   | Use separate schedule(s) for each category of the              | (check only one)   |                              |            |             |        |  |  |
|---|-------------------|--|--|------------------------------|------------|-------------|--------|--|--|
|   |                   | Detailed Summary Page  | X 11a  | 11b                          | 11c<br>15  | 12<br>16    | 17     |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using th |                   |  | erson for the  | purpose of                   | soliciting | contributi  | ions   |  |  |
| NAME OF COMMITTEE (In Full)   |                   |  |  |                              |            |             |        |  |  |
| GE HealthCare Technologies  | nc. PAC           |  |  |                              |            |             |        |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>A. Vidonish, George, , , JR                  | nitial) or Full C | organization Name  | Date o   | of Receipt                   |            |             |        |  |  |
| Mailing Address 500 West Monroe Street  |                   |  | 09   | / D D<br>22                  | ) / Y      | у у<br>2023 | Y      |  |  |
| City<br>Chicago   | State<br>IL       | Zip Code<br>60661  | Transaction ID : A3C027D38EB6449C9<br>Amount of Each Receipt this Period |                              |            |             |        |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  |  |                              | -          | 116.0       | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>, Integrated Supply Chain Program  |  | lemo Item                    |            |             |        |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate         | Year-to-Date ▼<br>812.00                                       |  |                              |            |             |        |  |  |
| Full Name of Individual (Last, First, Middle Ir<br><b>B.</b> Vidonish, George, , , JR           | nitial) or Full C | rganization Name   | Date o   | of Receipt                   |            |             |        |  |  |
| Mailing Address 500 West Monroe Street  |                   |  | 10   | / D D<br>20                  | / Y        | 2023 Y      | Y      |  |  |
| City  | State             | Zip Code   |  | saction ID :                 |            |             | 578D38 |  |  |
| Chicago   |                   | 60661  | Amoun  | nt of Each R                 | leceipt th | is Period   |        |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  |  |                              |            | 116.0       | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>I, Integrated Supply Chain Progran |  | lemo Item                    |            |             |        |  |  |
| Receipt For:<br>Primary General   | Aggregate         | Year-to-Date ▼   |  |                              |            |             |        |  |  |
| Other (specify) <b>v</b>  |                   | 812.00   |  |                              |            |             |        |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Vidonish, George, , , JR                  | nitial) or Full C | organization Name  | Date o   | of Receipt                   |            |             |        |  |  |
| Mailing Address 500 West Monroe Street  |                   |  | M 11   | / D D<br>17                  | ) / Y      | 2023 Y      | Y      |  |  |
| City<br>Chicago   | State<br>IL       | Zip Code<br>60661  |  | saction ID :<br>nt of Each R |            |             | ECB8B0 |  |  |
| FEC ID number of contributing federal political committee.                                      | С                 |  |  | y .                          | y          | 116.0       | 0      |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>Integrated Supply Chain Program    |  | lemo Item                    |            |             |        |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>812.00                                       |  |                              |            |             |        |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                   | ····· •  |  |                              | 5          | 348.0       | 0      |  |  |

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

1.

Use separate schedule(s)

FOR LINE NUMBER:

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|                  | EMIZED RECEIPTS  |                |          | or each category of the<br>Detailed Summary Page         | X 11a 11b 11c 13 14 15                | 12<br>16 17 |  |  |  |  |  |
|------------------|--|----------------|----------|--|---------------------------------------|-------------|--|--|--|--|--|
|                  | ny information copied from such Reports and St for commercial purposes, other than using the                             |                |          |  |                                       |             |  |  |  |  |  |
| $\left[ \right]$ | NAME OF COMMITTEE (In Full)  |                |          |  |                                       |             |  |  |  |  |  |
|                  | GE HealthCare Technologies In  | c. PAC         |          |  |                                       |             |  |  |  |  |  |
| Α.               | Full Name of Individual (Last, First, Middle Initi<br>Vidonish, George, , , JR<br>Mailing Address 500 West Monroe Street | ial) or Full O | )rga     | nization Name  | Date of Receipt                       | YYY         |  |  |  |  |  |
|                  |  |                |          |  | 12 15 2023                            |             |  |  |  |  |  |
|                  | City   | State          |          | Zip Code   | Transaction ID : 4BAA3F8F688541ED8695 |             |  |  |  |  |  |
|                  | Chicago  | IL             |          | 60661  | Amount of Each Receipt this           | Period      |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.   | С              |          |  | 116.00                                |             |  |  |  |  |  |
|                  | Name of Employer (for Individual)  | Оссі           | upa      | tion (for Individual)                                    | Memo Item                             |             |  |  |  |  |  |
|                  | GE Healthcare  | GM,            | , Int    | egrated Supply Chain Programs                            |                                       |             |  |  |  |  |  |
|                  | Receipt For:   | Aggregate      | Yea      | ar-to-Date 🔻   |                                       |             |  |  |  |  |  |
|                  | Primary General  |                |          | 040.00   |                                       |             |  |  |  |  |  |
|                  | Other (specify) <b>v</b>   |                | -9-      | 812.00   |                                       |             |  |  |  |  |  |
| в.               | Full Name of Individual (Last, First, Middle Initi<br>Walter, Deborah, , ,   | ial) or Full O | rga      | nization Name  | Date of Receipt                       |             |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street   |                | 023      |  |                                       |             |  |  |  |  |  |
|                  | City   | State          |          | Zip Code   | Transaction ID : 834F4CE44E3243F      |             |  |  |  |  |  |
|                  | Chicago  | IL             |          | 60661  | Amount of Each Receipt this Period    |             |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.   | С              |          |  |                                       | 90.00       |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare   |                | •        | tion (for Individual)<br>gy Engagement Leader            | Memo Item                             |             |  |  |  |  |  |
|                  | Receipt For:   | Aggregate      | Yea      | ar-to-Date 🔻   |                                       |             |  |  |  |  |  |
|                  | Primary General  | 1.99.094.0     |          |  |                                       |             |  |  |  |  |  |
|                  | Other (specify) ▼  | L              | <b>,</b> | 240.00   |                                       |             |  |  |  |  |  |
| с.               | Full Name of Individual (Last, First, Middle Initi<br>Watkins, Christopher, S, ,   | ial) or Full O | rga      | nization Name  | Date of Receipt                       |             |  |  |  |  |  |
|                  | Mailing Address 500 West Monroe Street   |                |          |  |                                       | 023         |  |  |  |  |  |
|                  | City   | State          |          | Zip Code   | Transaction ID : 5C1F37389            | CAC427099C7 |  |  |  |  |  |
|                  | Chicago  | IL             |          | 60661  | Amount of Each Receipt this           | Period      |  |  |  |  |  |
|                  | FEC ID number of contributing federal political committee.   | С              |          |  |                                       | 20.00       |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>GE Healthcare   |                | •        | tion (for Individual)<br>Director _ Data Strategy and Ar | Memo Item                             |             |  |  |  |  |  |
|                  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Yea      | ar-to-Date ▼<br>235.00                                   |                                       |             |  |  |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)   |                |          | •  | · · · · · · · ·                       | 226.00      |  |  |  |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEIMIZED RECEIPTS   | tor each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|--|
|  | and Statements may not be sold or used by any<br>ing the name and address of any political committe | person for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |   |  |  |  |  |  |  |  |  |
| GE HealthCare Technologi   | es Inc. PAC   |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>A. Watkins, Christopher, S, , |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                                      |   | 12 / D D / Y Y Y Y<br>12 15 2023  |  |  |  |  |  |  |  |  |
| City   | State Zip Code  | Transaction ID : DC1C060049ED4DCD90I  |  |  |  |  |  |  |  |  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C   | 20.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item   |  |  |  |  |  |  |  |  |
| GE Healthcare  | Senior Director _ Data Strategy and   | Ar  |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |  |  |
| Primary General  |   | 1   |  |  |  |  |  |  |  |  |
| Other (specify) ▼  | 235.00  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Wawrzyn, Robert, Marc, ,   | dle Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                                      | 07 28 2023  |   |  |  |  |  |  |  |  |  |
| City   | State Zip Code  | Transaction ID : 2E9401D02A4C4FB6B3F  |  |  |  |  |  |  |  |  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C   | 60.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                         | Occupation (for Individual)<br>Executive Counsel - Intellectual Pro                                 | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:   |   |   |  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼                                       | Aggregate Year-to-Date ▼<br>720.00  | ]   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Wawrzyn, Robert, Marc, ,   | dle Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 500 West Monroe Stree                                      | et  | 08 25 2023  |  |  |  |  |  |  |  |  |
| City   | State Zip Code  | Transaction ID : BD1AC0299E8E4A01B0/  |  |  |  |  |  |  |  |  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C   | 60.00   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare                         | Occupation (for Individual)<br>Executive Counsel - Intellectual Prop                                | e Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate Year-to-Date ▼<br>720.00  | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                     | nal)  | 140.00  |  |  |  |  |  |  |  |  |

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# SCHEDULE A (FEC Form 3X) DEOFIDTO

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| ITEMIZED RECEIPTS  |                    | Use separate schedule(s)   | (check d     | only c | one)      | -          |             |          |
|--|--------------------|--|--------------|--------|-----------|------------|-------------|----------|
| IILIVIIZED RECEIFIO  |                    | for each category of the<br>Detailed Summary Page                | X 11a        |        | 11b       | 11c        | 12          | <u> </u> |
| Any information copied from such Reports and                                       |                    |  |              |        |           |            |             |          |
| or for commercial purposes, other than using t                                     | he name and a      | address of any political committe                                | e to solicit | contri | butions   | from sucl  | n committ   | ee.      |
| NAME OF COMMITTEE (In Full)  |                    |  |              |        |           |            |             |          |
| GE HealthCare Technologies   | Inc. PAC           |  |              |        |           |            |             |          |
| Full Name of Individual (Last, First, Middle                                       | Initial) or Full C | Organization Name  | _            |        |           |            |             |          |
| A. Wawrzyn, Robert, Marc, ,  |                    |  | Date         | of R   | eceipt    |            |             |          |
| Mailing Address 500 West Monroe Street   |                    |  | 09           |        | / D 22    |            | 2023        | Y        |
| City   | State              | Zip Code   | Tra          | nsac   | tion ID : | D339E1     | 2FBC0D4     | F48930   |
| Chicago  | IL                 | 60661  | Amo          | unt o  | f Each F  | Receipt th | is Period   |          |
| FEC ID number of contributing federal political committee.                         | С                  |  |              |        |           |            | 60.0        | 00       |
| Name of Employer (for Individual)  | Occ                | upation (for Individual)   |              | Merr   | o Item    |            |             |          |
| GE Healthcare  | Exe                | ecutive Counsel - Intellectual Prop                              | e            |        |           |            |             |          |
| Receipt For:   | Aggregate          | Year-to-Date <b>V</b>  |              |        |           |            |             |          |
| Primary General<br>Other (specify) ▼   |                    | 720.00   |              |        |           |            |             |          |
|  |                    |  | - I - I      |        |           |            |             |          |
| Full Name of Individual (Last, First, Middle<br><b>3.</b> Wawrzyn, Robert, Marc, , | Initial) or Full C | Organization Name  | Date         | of R   | eceipt    |            |             |          |
| Mailing Address 500 West Monroe Street   |                    |  | 1            | М      | 20        |            | 2023        | Y        |
| City   | State              | Zip Code   |              |        |           |            | 7F38C24E    | 408200   |
| Chicago  | IL                 | 60661  |              |        |           |            | is Period   |          |
| FEC ID number of contributing federal political committee.                         | С                  |  |              |        | -9        |            | 60.0        | 00       |
| Name of Employer (for Individual)<br>GE Healthcare                                 |                    | supation (for Individual)<br>ecutive Counsel - Intellectual Prop |              | Mem    | io Item   |            |             |          |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate          | Year-to-Date ▼<br>, 720.00                                       | ]            |        |           |            |             |          |
| Full Name of Individual (Last, First, Middle C. Wawrzyn, Robert, Marc, ,           | Initial) or Full C | Organization Name  | Date         | of R   | eceipt    |            |             |          |
| Mailing Address 500 West Monroe Street   |                    |  | M<br>1       |        | / D 17    |            | y y<br>2023 | Y        |
| City   | State              | Zip Code   | Tra          | nsac   | tion ID   | : F57B02   | FA187E4/    | A3FB49   |
| Chicago  | IL                 | 60661  | Amo          | unt o  | f Each F  | Receipt th | is Period   |          |
| FEC ID number of contributing federal political committee.                         | С                  |  |              |        | 9         | 7          | 60.0        | 00       |
| Name of Employer (for Individual)<br>GE Healthcare                                 |                    | upation (for Individual)<br>cutive Counsel - Intellectual Prop   | e            | Merr   | io Item   |            |             |          |
| Receipt For:<br>Primary General<br>Other (specify)                                 | Aggregate          | Year-to-Date ▼<br>720.00   | ]            |        |           |            |             |          |
| SUBTOTAL of Receipts This Page (optional).   |                    |  |              |        | 9         | . ,        | 180.0       | 00       |

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

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### 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)

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|              |  | Detailed Summary Page |  | -       |                 | 11b   | 11c      | 12         |                 |              |
|--------------|--|-----------------------|--|---------|-----------------|-------|----------|------------|-----------------|--------------|
| Δ,           | ny information copied from such Reports and S                          | Statements may        | y not be sold or used by any                               | Person  | 13<br>for the   |       | 14       | 15         | 16<br>a contrib | 17<br>utions |
| or           | for commercial purposes, other than using the                          | e name and ac         | ddress of any political committe                           | e to so | licit co        | ontri | butions  | from suc   | h comm          | ittee.       |
| $\land$      | NAME OF COMMITTEE (In Full)  |                       |  |         |                 |       |          |            |                 |              |
| $\backslash$ | GE HealthCare Technologies I   | nc. PAC               |  |         |                 |       |          |            |                 |              |
| _            | Full Name of Individual (Last, First, Middle In                        | itial) or Full Or     | ganization Name  |         |                 |       |          |            |                 |              |
| Α.           |  |                       |  |         | Date of         | of R  | eceipt   |            |                 |              |
|              | Mailing Address 500 West Monroe Street                                 |                       |  |         | <sup>M</sup> 12 | VI    | / D      |            | 2023            | Ŷ            |
|              | City   | State                 | Zip Code   |         | Tran            | sac   | tion ID  | : 333AB1   | A83279          | 4F59A0E6     |
|              | Chicago  | IL                    | 60661  |         | Amoui           | nt of | f Each I | Receipt th | nis Perio       | d            |
|              | FEC ID number of contributing federal political committee.             | С                     |  |         | <u> </u>        |       |          |            | 60              | 0.00         |
|              | Name of Employer (for Individual)                                      | Occu                  | pation (for Individual)                                    |         | Ν               | /lem  | o Item   |            |                 |              |
|              | GE Healthcare  | Exec                  | cutive Counsel - Intellectual Prop                         | e       | _               |       |          |            |                 |              |
|              | Receipt For:   | Aggregate `           | Year-to-Date ▼   |         |                 |       |          |            |                 |              |
|              | Primary General  |                       | 700.00   | 11.     |                 |       |          |            |                 |              |
|              | Other (specify) <b>v</b>   |                       | 720.00   |         |                 |       |          |            |                 |              |
| в.           | Full Name of Individual (Last, First, Middle In Westrick, Thomas, J, , | itial) or Full Or     | ganization Name  |         | Date of         | of R  | eceipt   |            |                 |              |
|              | Mailing Address 500 West Monroe Street                                 |                       |  |         | 07              |       | / D 28   |            | 2023            | Y            |
|              | City   | State                 | Zip Code   |         | Tran            | sact  | tion ID  | : 2B12968  | 3D21024         | 02E9B97      |
|              | Chicago  | IL                    | 60661  |         | Amoui           | nt of | f Each I | Receipt th | nis Perio       | d            |
|              | FEC ID number of contributing federal political committee.             | С                     |  |         | <u> </u>        |       |          | <br>       | 416             | 6.00         |
|              | Name of Employer (for Individual)<br>GE Healthcare                     |                       | ipation (for Individual)<br>ident & CEO, Patient Care Solu | tior    | N               | /lem  | o Item   |            |                 |              |
|              | Receipt For:   | Aggregate `           | Year-to-Date 🔻   |         |                 |       |          |            |                 |              |
|              | Other (specify) ▼  |                       | 4992.00  |         |                 |       |          |            |                 |              |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle In Westrick, Thomas, J, , | itial) or Full Or     | ganization Name  |         | Date of         | of R  | eceipt   |            |                 |              |
|              | Mailing Address 500 West Monroe Street                                 |                       |  |         | M<br>08         | M     | 25       |            | 2023            | Y            |
|              | City   | State                 | Zip Code   |         | Tran            | sac   | tion ID  | : 8564D7   | 10D0CA          | 460EA389     |
|              | Chicago  | IL                    | 60661  |         | Amoui           | nt of | f Each   | Receipt th | nis Perio       | d            |
|              | FEC ID number of contributing federal political committee.             | С                     |  |         | <u> </u>        |       | y        | ,          |                 | 6.00         |
|              | Name of Employer (for Individual)<br>GE Healthcare                     |                       | pation (for Individual)<br>dent & CEO, Patient Care Solut  | ion     | N               | Лет   | io Item  |            |                 |              |
|              | Receipt For:<br>Primary General<br>Other (specify)                     | Aggregate             | Year-to-Date ▼<br>4992.00                                  | ]       |                 |       |          |            |                 |              |
| 5            | UBTOTAL of Receipts This Page (optional)                               |                       |  | ►       |                 |       | ,        | 5          | 892             | 2.00         |

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

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                        | Use separate schedule(s)                                      | (check o  | nly oi | ne)      |            |           |         |
|---|------------------------|---|-----------|--------|----------|------------|-----------|---------|
| EMIZED RECEIPTS for each category of the Detailed Summary Page          |                        | X 11a   |           | 11b    | 11c      | 12         | <u> </u>  |         |
| Any information copied from such Reports a                              |                        |   |           |        |          |            |           |         |
| or for commercial purposes, other than usir                             |                        |   |           |        |          |            |           |         |
| NAME OF COMMITTEE (In Full)   | _                      |   |           |        |          |            |           |         |
| GE HealthCare Technologie   | es Inc. PAC            |   |           |        |          |            |           |         |
| Full Name of Individual (Last, First, Mido<br>A. Westrick, Thomas, J, , | lle Initial) or Full C | Organization Name   | Date      | of Be  | aceint   |            |           |         |
| Mailing Address 500 West Monroe Street                                  | •                      |   | M         |        |          |            | YY        | Y       |
|   |                        |   | 09        |        | 22       |            | 2023      |         |
| City  | State                  | Zip Code  | Trai      | nsact  | ion ID : | D4D0511    | DA9B714   | CA68330 |
| Chicago   | IL                     | 60661   | Amou      | int of | Each F   | Receipt th | is Period |         |
| FEC ID number of contributing federal political committee.              | C                      |   |           |        | -y 1     |            | 416.0     | 00      |
| Name of Employer (for Individual)                                       | Occ                    | upation (for Individual)                                      |           | Memo   | b Item   |            |           |         |
| GE Healthcare   | Pre                    | sident & CEO, Patient Care Soluti                             | on        |        |          |            |           |         |
| Receipt For:  | Aggregate              | Year-to-Date <b>V</b>   |           |        |          |            |           |         |
| Primary General   |                        | 4992.00   | 1         |        |          |            |           |         |
| Other (specify) <b>v</b>  |                        | 1002.00   |           |        |          |            |           |         |
| Full Name of Individual (Last, First, Mido                              | lle Initial) or Full C | Organization Name   | _         |        |          |            |           |         |
| B. Westrick, Thomas, J, ,   |                        |   | Date      |        | eceipt   |            |           |         |
| Mailing Address 500 West Monroe Street                                  |                        |   | 10        |        | 20       | ) / Y      | 2023      | Y       |
| City  | State                  | Zip Code  | Trar      | nsact  | ion ID : | FAA12A     | 617AF04E  | 354A5BE |
| Chicago   | IL                     | 60661   | Amou      | int of | Each R   | Receipt th | is Period |         |
| FEC ID number of contributing federal political committee.              | C                      |   |           |        |          |            | 416.0     | 00      |
| Name of Employer (for Individual)<br>GE Healthcare                      |                        | cupation (for Individual)<br>sident & CEO, Patient Care Solut |           | Memo   | o Item   |            |           |         |
| Receipt For:  | Aggregate              | Year-to-Date <b>V</b>   |           |        |          |            |           |         |
| Other (specify)   |                        | 4992.00   | 1         |        |          |            |           |         |
| Full Name of Individual (Last, First, Mido<br>C. Westrick, Thomas, J, , | lle Initial) or Full C | Organization Name   | Date      | of Re  | eceipt   |            |           |         |
| Mailing Address 500 West Monroe Street                                  | t                      |   | M<br>11   |        | D 17     |            | y<br>2023 | Y       |
| City  | State                  | Zip Code  | Trai      | nsact  | ion ID : | 972AA4     | BB2D5D4   | 6B383E  |
| Chicago   |                        | 60661   | Amou      | int of | Each F   | Receipt th | is Period |         |
| FEC ID number of contributing federal political committee.              | С                      |   |           |        | ,        | . y        | 416.0     | 00      |
| Name of Employer (for Individual)<br>GE Healthcare                      |                        | upation (for Individual)<br>sident & CEO, Patient Care Soluti |           | Memo   | o Item   |            |           |         |
| Receipt For:  | Aggregate              | Year-to-Date ▼  |           |        |          |            |           |         |
| Other (specify)   |                        | 4992.00   | 1         |        |          |            |           |         |
|   |                        | -ge   | 4   · · · |        |          |            |           |         |
| SUBTOTAL of Receipts This Page (option                                  | al)                    |   |           |        | 7        | 9          | 1248.0    | 0       |

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# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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FOR LINE NUMBER:

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|            | EMIZED RECEIPTS for each category of the Detailed Summary Page  |                                    | X    | 11a  | -     |         | 11b<br>14       | 11c  |         | 12      | 4-7    |                  |         |  |  |
|------------|---|------------------------------------|------|--|-------|---------|-----------------|------|---------|---------|--------|------------------|---------|--|--|
|            | y information copied from such Reports and S<br>for commercial purposes, other than using the                       |                                    |      |  |       | or th   |                 | urp  |         |         |        |                  |         |  |  |
| <u> </u>   | NAME OF COMMITTEE (In Full)   |                                    | laan |  |       |         |                 |      |         |         |        |                  |         |  |  |
| $\rangle$  | GE HealthCare Technologies I  | nc. PAC                            |      |  |       |         |                 |      |         |         |        |                  |         |  |  |
| Α.         | Full Name of Individual (Last, First, Middle In<br>Westrick, Thomas, J, ,<br>Mailing Address 500 West Monroe Street | Initial) or Full Organization Name |      |  |       |         | Date of Receipt |      |         |         |        |                  |         |  |  |
|            | Walking Address 500 West Monroe Street  |                                    |      |  |       | 12      |                 | /    | D 15    |         |        | 023              | Y       |  |  |
|            | City  | State                              |      | Zip Code   | 1 '   | Tra     | ารล             | ctio | on ID : | CC2B    | 622/   |                  | 18BA816 |  |  |
|            | Chicago   | IL                                 |      | 60661  |       | Amou    | nt o            | of E | Each I  | Receipt | this F | Period           |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С                                  |      |  | 416.0 |         |                 |      |         | 00      |        |                  |         |  |  |
|            | Name of Employer (for Individual)   | Occ                                | upa  | tion (for Individual)                                    | 1     |         | Mer             | mo   | Item    |         |        |                  |         |  |  |
|            | GE Healthcare   | Pres                               | side | nt & CEO, Patient Care Solution                          | n     |         |                 |      |         |         |        |                  |         |  |  |
|            | Receipt For:  | Aggregate                          | Yea  | ar-to-Date 🔻   |       |         |                 |      |         |         |        |                  |         |  |  |
|            | Primary General   | 33 - 3                             |      |  |       |         |                 |      |         |         |        |                  |         |  |  |
|            | Other (specify)   | L                                  | -9-  | 4992.00  |       |         |                 |      |         |         |        |                  |         |  |  |
| В.         | Full Name of Individual (Last, First, Middle In Woodson, Alla, Konnova, ,   | itial) or Full O                   | Drga | nization Name  |       | Date    | of I            | Red  | ceipt   |         |        |                  |         |  |  |
|            | Mailing Address 500 West Monroe Street  |                                    |      |  |       | M<br>08 |                 | /    | 25      |         |        | )<br>23          | Y       |  |  |
|            | City  | State                              |      | Zip Code   |       | Tra     | nsa             | ctic | n ID :  | AEF5C   | B7E9   | 9B984            | C8182B  |  |  |
|            | Chicago   | IL                                 |      | 60661  |       |         |                 |      |         | Receipt |        |                  |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С                                  |      |  |       |         |                 |      |         | 40.     | 00     |                  |         |  |  |
|            | Name of Employer (for Individual)   | Occ                                | upa  | tion (for Individual)                                    | -     | п.      | Mer             | mo   | Item    |         |        |                  |         |  |  |
|            | GE Healthcare   |                                    | •    | nesthesia, Respiratory Care, and                         |       |         |                 |      |         |         |        |                  |         |  |  |
|            | Receipt For:  | Aggregate                          | Yea  | ar-to-Date V   | -     |         |                 |      |         |         |        |                  |         |  |  |
|            | Primary General   | , iggi oguto                       | 100  |  |       |         |                 |      |         |         |        |                  |         |  |  |
|            | Other (specify)   | L                                  | ,    | 400.00   |       |         |                 |      |         |         |        |                  |         |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle In Woodson, Alla, Konnova, ,   | itial) or Full O                   | Drga | nization Name  |       | Date    | of I            | Red  | ceipt   |         |        |                  |         |  |  |
|            | Mailing Address 500 West Monroe Street  |                                    |      |  |       | M 09    |                 | /    | 22      |         |        | 023 <sup>°</sup> | Y       |  |  |
|            | City  | State                              |      | Zip Code   |       | Tra     | nsa             | cti  | on ID   | : 540E7 | 3D9E   | 3E64             | 6B89422 |  |  |
|            | Chicago   | IL                                 |      | 60661  |       | Amou    | nt o            | of E | Each I  | Receipt | this F | Period           |         |  |  |
|            | FEC ID number of contributing federal political committee.  | С                                  |      |  |       | _       |                 |      | y       | . ,     |        | 40.              |         |  |  |
|            | Name of Employer (for Individual)<br>GE Healthcare  |                                    | •    | tion (for Individual)<br>esthesia, Respiratory Care, and |       | Ц       | Mer             | mo   | ltem    |         |        |                  |         |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                          | Yea  | ar-to-Date ▼<br>400.00                                   |       |         |                 |      |         |         |        |                  |         |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |                                    |      | •  |       |         |                 |      | 9       | ,       |        | 496.             | 00      |  |  |

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

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FOR LINE NUMBER:

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| 171       |   |                 | Use separate schedule(s)                                       | (ch   | eck only        | y one) |               |                      |          |                         |        |  |  |
|-----------|---|-----------------|--|-------|-----------------|--------|---------------|----------------------|----------|-------------------------|--------|--|--|
| 11        | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page              |       | <b>&lt;</b> 11a |        | 11b           | 11c                  |          | 12                      | 17     |  |  |
| An        | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements ma    | ay not be sold or used by any pe                               | erson | 13<br>for the   | purp   | 14<br>Dose of | 15<br>soliciting     | g con    | 16<br>tributi<br>nmitte | 0ns    |  |  |
|           | NAME OF COMMITTEE (In Full)   |                 | deress of any pointear committee                               | 10 30 |                 |        |               | Torri Suc            |          |                         |        |  |  |
| $\rangle$ | GE HealthCare Technologies Ir   | nc. PAC         |  |       |                 |        |               |                      |          |                         |        |  |  |
| A.        | Full Name of Individual (Last, First, Middle Ini<br>Woodson, Alla, Konnova, ,                 | tial) or Full O | rganization Name   |       | Date of         | Re     | ceipt         |                      |          |                         |        |  |  |
|           | Mailing Address 500 West Monroe Street  |                 |  |       | 10 20 2023      |        |               |                      |          |                         |        |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661  |       |                 |        |               | 097CFA<br>leceipt th |          |                         | 3996DE |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |  |       |                 |        |               | -                    |          | 40.0                    | 0      |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>, Anesthesia, Respiratory Care, an | ıd    | Me              | emo    | Item          |                      |          |                         |        |  |  |
|           | Receipt For:         Primary       General         Other (specify) ▼                          | Aggregate       | Year-to-Date ▼<br>400.00                                       |       |                 |        |               |                      |          |                         |        |  |  |
| В.        | Full Name of Individual (Last, First, Middle Ini<br>Woodson, Alla, Konnova, ,                 | tial) or Full O | rganization Name   |       | Date of         | Re     | ceipt         |                      |          |                         |        |  |  |
|           | Mailing Address 500 West Monroe Street  |                 |  |       | м м<br>11       | /      | D D<br>17     | / Y                  | 202      | 23 <sup>°</sup>         | Y      |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661  |       |                 |        |               | 05B1BC               |          |                         | EABAF7 |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |  |       | <u> </u>        |        |               |                      |          | 40.0                    | 0      |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>, Anesthesia, Respiratory Care, ar | nd    | Me              | emo    | Item          |                      |          |                         |        |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate       | Year-to-Date ▼<br>400.00                                       |       |                 |        |               |                      |          |                         |        |  |  |
| —<br>c.   | Full Name of Individual (Last, First, Middle Ini<br>Woodson, Alla, Konnova, ,                 | tial) or Full O | rganization Name   |       | Date of         | Re     | ceipt         |                      |          |                         |        |  |  |
| •         | Mailing Address 500 West Monroe Street  |                 |  |       | M M 12          | /      | 15            |                      | y<br>202 | 23<br>23                | Y      |  |  |
|           | City<br>Chicago   | State<br>IL     | Zip Code<br>60661  |       |                 |        |               | ACF3B6               |          |                         | E4A0A5 |  |  |
|           | FEC ID number of contributing federal political committee.                                    | С               |  |       | <u> </u>        |        | y .           | , ,                  |          | 40.0                    | 0      |  |  |
|           | Name of Employer (for Individual)<br>GE Healthcare  |                 | upation (for Individual)<br>Anesthesia, Respiratory Care, an   | d     | Me              | emo    | tem           |                      |          |                         |        |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate       | Year-to-Date ▼<br>400.00                                       |       |                 |        |               |                      |          |                         |        |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                 |  |       |                 |        |               |                      |          | 120.0                   | 0      |  |  |

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

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|  | 6                                    | Use separate schedule(s)  | (check onl    | y one)           | -                |                 |             |
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| ITEMIZED RECEIPT                                       | 3                                    | for each category of the<br>Detailed Summary Page               | <b>X</b> 11a  | 11b              | 11c              | 12              |             |
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| or for commercial purposes, o                          | ther than using the name and         | address of any political committee                              | to solicit co | ntributions f    | rom such         | committ         | ee.         |
| │ NAME OF COMMITTEE (Ir                                | ,                                    |   |               |                  |                  |                 |             |
| / GE HealthCare Te                                     | echnologies Inc. PAC                 |   |               |                  |                  |                 |             |
| • • • • •  | st, First, Middle Initial) or Full   | Organization Name   | Data of       | f Receipt        |                  |                 |             |
| A. Wurzburger, Diane, M, ,<br>Mailing Address 500 West |                                      |   |               | · · ·            |                  | YY              | Y           |
| 500 West   |                                      |   | 07            | 28               |                  | 2023            |             |
| City   | State                                | Zip Code  | Trans         | action ID :      | B225679          | 91C8140         | BAB202      |
| Chicago  | IL                                   | 60661   | Amoun         | t of Each R      | eceipt thi       | s Period        |             |
| FEC ID number of contribu federal political committee. | iting C                              |   |               |                  |                  | 58.0            | 00          |
| Name of Employer (for Indi                             | ividual) Oc                          | cupation (for Individual)                                       | M             | emo Item         |                  |                 |             |
| GE Healthcare  | Ex                                   | ecutive, Regulatory and Region Qua                              | al            |                  |                  |                 |             |
| Receipt For:   |                                      | e Year-to-Date ▼  |               |                  |                  |                 |             |
|  | neral                                | 696.00  |               |                  |                  |                 |             |
| Other (specify) ▼                                      |                                      |   |               |                  |                  |                 |             |
|  | st, First, Middle Initial) or Full   | Organization Name   | Data          | Dessist          |                  |                 |             |
| B. Wurzburger, Diane, M,                               |                                      |   |               | f Receipt        |                  |                 |             |
| Mailing Address 500 West                               | Monroe Street                        |   | 08            | 25               | / Y              | 2023            | Y           |
| City   | State                                | Zip Code  | Trans         | action ID :      | 4A06164          | 7E25F46         | 35A379      |
| Chicago  | IL                                   | 60661   | Amoun         | t of Each R      | eceipt thi       | s Period        |             |
| FEC ID number of contribu federal political committee. | Iting C                              |   |               | -                |                  | 58.0            | 00          |
| Name of Employer (for Ind                              | ividual) Oc                          | cupation (for Individual)                                       | М             | emo Item         |                  |                 |             |
| GE Healthcare  | Ex                                   | ecutive, Regulatory and Region Qu                               | a             |                  |                  |                 |             |
| Receipt For:   |                                      | e Year-to-Date ▼  |               |                  |                  |                 |             |
|  | neral                                | 696.00  |               |                  |                  |                 |             |
| Other (specify) <b>v</b>                               |                                      | ,                         |               |                  |                  |                 |             |
| Full Name of Individual (La<br>C. Wurzburger, Diane, N | st, First, Middle Initial) or Full ( | Organization Name   | Data at       | f Receipt        |                  |                 |             |
| Mailing Address 500 West                               |                                      |   |               | · · ·            |                  | YY              | V           |
|  |                                      |   | 09            | 22               | , ,              | 2023            |             |
| City   | State                                | Zip Code  | Trans         | action ID :      | 183E67B          | 9A80545         | 51F9593     |
| Chicago  | IL                                   | 60661   | Amoun         | t of Each R      | eceipt thi       | is Period       |             |
| FEC ID number of contribu federal political committee. | Iting C                              |   |               | , , ,            | , <u>,</u>       | 58.0            | 00          |
| Name of Employer (for Indi<br>GE Healthcare            | ,                                    | cupation (for Individual)<br>ecutive, Regulatory and Region Qua |               | emo Item         |                  |                 |             |
| Receipt For:   |                                      | e Year-to-Date ▼  |               |                  |                  |                 |             |
|  | neral                                | 696.00  |               |                  |                  |                 |             |
| Other (specify)  |                                      | 090.00  |               |                  |                  |                 |             |
|  |                                      |   |               |                  | _                |                 | _           |
| SUBTOTAL of Receipts This                              | Page (optional)                      | ••••••  |               | y                |                  | 174.(           | 00          |

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FEC Schedule A (Form 3X) Rev. 06/2016

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|---|-------------------|---|---------|-----------------|-------|----------|------------|------------|---------|--|--|--|
| EMIZED RECEIPTS for each category of the Detailed Summary Page                                |                   |   | < 11a   |                 | 11b   | 11c      | 12         | 47         |         |  |  |  |
| Any information copied from such Reports and or for commercial purposes, other than using the |                   |   |         |                 | purpo |          |            |            |         |  |  |  |
| NAME OF COMMITTEE (In Full)   |                   | duress of any pointear commuter                               | , 10 30 |                 | ninbu |          | 10111 3uci |            |         |  |  |  |
| GE HealthCare Technologies I  | nc. PAC           |   |         |                 |       |          |            |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>A. Wurzburger, Diane, M, ,                 | nitial) or Full C | Organization Name   |         | Date of         | Bec   | eint     |            |            |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |         | Date of Receipt |       |          |            |            |         |  |  |  |
| City  | State             | Zip Code  | _       |                 | actio |          | 6C09B4     |            | C8C9DD  |  |  |  |
| Chicago   | IL                | 60661   |         |                 |       |          |            | nis Perioc |         |  |  |  |
| FEC ID number of contributing federal political committee.                                    | С                 |   |         |                 | -     |          |            | 58         | .00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>cutive, Regulatory and Region Qu  | ial     | Me              | emo   | Item     |            |            |         |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date ▼  |         |                 |       |          |            |            |         |  |  |  |
| Other (specify) ▼   |                   | 696.00  |         |                 |       |          |            |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>B. Wurzburger, Diane, M, ,                 | nitial) or Full C | Organization Name   |         | Date of         | Rec   | eipt     |            |            |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |         | M M<br>11       | /     | D D D 17 | / Y        | 2023       | Y       |  |  |  |
| City  | State             | Zip Code  |         | Trans           | actio | n ID : a | 89B3663    | 37FC694:   | 3C6BFBE |  |  |  |
| Chicago   | IL                | 60661   |         | Amount          | of E  | ach R    | eceipt th  | nis Perioc | k       |  |  |  |
| FEC ID number of contributing federal political committee.                                    | С                 |   |         |                 |       |          |            | 58         | .00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>ecutive, Regulatory and Region Qι | Ja      | Me              | emo   | Item     |            |            |         |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date V  |         |                 |       |          |            |            |         |  |  |  |
| Primary     General       Other (specify) ▼   |                   | , 696.00  |         |                 |       |          |            |            |         |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Wurzburger, Diane, M, ,                 | nitial) or Full C | Organization Name   |         | Date of         | Rec   | eipt     |            |            |         |  |  |  |
| Mailing Address 500 West Monroe Street  |                   |   |         | <sup>M</sup> 12 | 1     | D D D 15 | / Y        | 2023       | Y       |  |  |  |
| City  | State             | Zip Code  |         | Trans           | actio | on ID :  | C46561     | 08FDFE4    | 66E8CA3 |  |  |  |
| Chicago   | IL                | 60661   |         | Amount          | ofE   | ach R    | eceipt th  | nis Perioc | k       |  |  |  |
| FEC ID number of contributing federal political committee.                                    | С                 |   |         | <u> </u>        | ,     |          | , y        | 58         | .00     |  |  |  |
| Name of Employer (for Individual)<br>GE Healthcare  |                   | upation (for Individual)<br>cutive, Regulatory and Region Qu  | ali     | M               | emo   | ltem     |            |            |         |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate         | Year-to-Date ▼<br>696.00                                      |         |                 |       |          |            |            |         |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                   | •••••   | <br>-   |                 | ,     |          | ,          | 174        | .00     |  |  |  |

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| 111                    | EMIZED RECEIPTS  |               |                                  | category of the<br>Summary Page |        | <b>X</b> 11a |       | 11b  | 11c       |          | 2         | —      |
|                        | y information copied from such Reports and St                                  |               |                                  |                                 |        |              |       |  |           | cont     |           |        |
| <u> </u>               | for commercial purposes, other than using the                                  | name and a    | ddress of an                     | y political committee           | e to s | olicit co    | ntrib | utions fr  | om such   | n com    | mitte     | э.     |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |               |                                  |                                 |        |              |       |  |           |          |           |        |
|                        | GE HealthCare Technologies In  | c. PAC        |                                  |                                 |        |              |       |  |           |          |           |        |
| <u> </u>               | Full Name of Individual (Last, First, Middle Initi Zaman, Sabih, Qamaruz, ,    | al) or Full C | rganization N                    | lame                            |        | Date of      | f Re  | ceipt  |           |          |           |        |
|                        | Mailing Address 500 West Monroe Street   |               |                                  |                                 |        | 07           | /     | 28   | / Y       | y<br>202 | Y∎1<br>23 | 7      |
|                        | City   | State         | Zip Cod                          | e                               |        | Trans        | acti  | la serie de la ser | 81724F6   | D987     | 841B      | BA8E0  |
|                        | Chicago  | IL            | 60661                            |                                 |        | Amount       | t of  | Each R   | eceipt th | is Pe    | riod      |        |
|                        | FEC ID number of contributing federal political committee.                     | С             |                                  |                                 |        |              |       | -  | -7        |          | 58.00     | )      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                             |               | upation (for I<br>ctor, Service  | ndividual)<br>Product Managemer | nt     | M            | emo   | Item   |           |          |           |        |
|                        | Receipt For:   | Aggregate     | Year-to-Date                     | ▼                               |        |              |       |  |           |          |           |        |
|                        | Primary General<br>Other (specify) ▼   |               |                                  | 624.00                          |        |              |       |  |           |          |           |        |
| в.                     | Full Name of Individual (Last, First, Middle Initi<br>Zaman, Sabih, Qamaruz, , | al) or Full C | rganization N                    | lame                            |        | Date of      | f Re  | ceipt  |           |          |           |        |
|                        | Mailing Address 500 West Monroe Street   |               |                                  |                                 |        | 08           | /     | D D 25   | / Y       | 202      | ү ү<br>3  |        |
|                        | City   | State         | Zip Cod                          | e                               |        |              |       |  | E448D1/   |          |           | E6AE5E |
|                        | Chicago  | IL            | 60661                            |                                 | _      | Amount       | t of  | Each R   | eceipt th | is Pe    | riod      | _      |
|                        | FEC ID number of contributing<br>federal political committee.                  | С             |                                  |                                 |        | Ľ.           |       |  | -         |          | 58.00     | )      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                             |               | upation (for I<br>ector, Service | ndividual)<br>Product Managemei | nt     | M            | emo   | Item   |           |          |           |        |
|                        | Receipt For:   | Aggregate     | Year-to-Date                     | •                               |        |              |       |  |           |          |           |        |
|                        | Other (specify) ▼  |               | <b>,</b>                         | 624.00                          |        |              |       |  |           |          |           |        |
| <u> </u>               | Full Name of Individual (Last, First, Middle Initi<br>Zaman, Sabih, Qamaruz, , | al) or Full C | rganization N                    | lame                            |        | Date of      | f Re  | ceipt  |           |          |           |        |
|                        | Mailing Address 500 West Monroe Street   |               |                                  |                                 |        | 09           | /     | D D 22   | / Y       | y<br>202 |           | 7      |
|                        | City   | State         | Zip Cod                          | е                               |        | Trans        | acti  | ion ID :   | 8C6446    | E07A6    | 6A4F      | 5887ED |
|                        | Chicago  | IL            | 60661                            |                                 | _      | Amount       | t of  | Each R   | eceipt th | is Pe    | riod      |        |
|                        | FEC ID number of contributing<br>federal political committee.                  | С             |                                  |                                 |        | Ľ.           | _     | y  | 9         |          | 58.00     | )      |
|                        | Name of Employer (for Individual)<br>GE Healthcare                             |               | upation (for I<br>ctor, Service  | ndividual)<br>Product Managemen | nt     | M            | emo   | ltem   |           |          |           |        |
|                        | Receipt For:<br>Primary General<br>Other (specify)                             | Aggregate     | Year-to-Date                     | 624.00                          |        |              |       |  |           |          |           |        |
| s                      | UBTOTAL of Receipts This Page (optional)                                       |               |                                  | ••••••                          | •      |              |       | 9  | ,         | 1        | 74.00     | )      |

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### SCHEDULE A (FEC Form 3X) DEAEIDTA

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|---|----------------------|--|----------|------------------------------|---------|----------|-----------|-----------|---------|--|
| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page            |          | <b>K</b> 11a                 |         | 11b      | 11c       | 12        |         |  |
| Any information copied from such Reports ar                                 |                      |  |          |                              |         |          |           |           |         |  |
| or for commercial purposes, other than using                                |                      |  |          |                              |         |          |           |           |         |  |
| NAME OF COMMITTEE (In Full)   |                      |  |          |                              |         |          |           |           |         |  |
| GE HealthCare Technologies  | s Inc. PAC           |  |          |                              |         |          |           |           |         |  |
| Full Name of Individual (Last, First, Middle                                | e Initial) or Full C | Drganization Name  |          | Data of                      |         | opiet    |           |           |         |  |
| A. Zaman, Sabih, Qamaruz, ,<br>Mailing Address, roo West Marrie Chart       |                      |  |          | Date of                      | ке      |          |           | N/        | N/      |  |
| Mailing Address 500 West Monroe Street                                      |                      |  |          | 10 <sup>M</sup>              | <b></b> | 20       | / Y       | 2023      | Y       |  |
| City  | State                | Zip Code   |          | Trans                        | acti    | ion ID : | 49B6FC    | D881014   | 579A8E8 |  |
| Chicago   | IL                   | 60661  |          | Amount                       | of      | Each R   | eceipt th | is Period |         |  |
| FEC ID number of contributing federal political committee.                  | C                    |  |          |                              |         | -        |           | 58.       | 00      |  |
| Name of Employer (for Individual)   | Occ                  | cupation (for Individual)                                    |          | Me                           | emo     | Item     |           |           |         |  |
| GE Healthcare   | Dire                 | ector, Service Product Manageme                              | ent      |                              |         |          |           |           |         |  |
|   | Aggregate            | Year-to-Date <b>V</b>  |          |                              |         |          |           |           |         |  |
| Primary General Other (specify) ▼   |                      | 624.00   |          |                              |         |          |           |           |         |  |
|   |                      |  |          |                              |         |          |           |           |         |  |
| Full Name of Individual (Last, First, Middle<br>B. Zaman, Sabih, Qamaruz, , | e Initial) or Full C | Drganization Name  |          | Date of                      | Be      | ceint    |           |           |         |  |
| Mailing Address 500 West Monroe Street                                      |                      |  |          |                              | /       |          | / Y       | YY        | Y       |  |
|   |                      |  |          | 11                           | ľ       | 17       |           | 2023      |         |  |
| City  | State                | Zip Code   |          | Trans                        | acti    | on ID :  | C693B01   | 16A75347  | 05A12F  |  |
| Chicago   | IL                   | 60661  |          | Amount                       | of      | Each R   | eceipt th | is Period |         |  |
| FEC ID number of contributing federal political committee.                  | С                    |  |          | <u> </u>                     |         | -        |           | 58.       | 00      |  |
| Name of Employer (for Individual)   |                      | cupation (for Individual)                                    |          | Me                           | emo     | Item     |           |           |         |  |
| GE Healthcare<br>Receipt For:   |                      | ector, Service Product Manageme                              | ent      |                              |         |          |           |           |         |  |
| Primary General   | Aggregate            | Year-to-Date   |          |                              |         |          |           |           |         |  |
| Other (specify) V   |                      | , 624.00   |          |                              |         |          |           |           |         |  |
| Full Name of Individual (Last, First, Middle<br>C. Zaman, Sabih, Qamaruz, , | e Initial) or Full C | Drganization Name  |          | Date of                      | Re      | ceipt    |           |           |         |  |
| Mailing Address 500 West Monroe Street                                      |                      |  |          | <sup>M</sup> <sup>M</sup> 12 | /       | 15       | / Y       | 2023      | Y       |  |
| City  | State                | Zip Code   |          | Trans                        | acti    | ion ID : | DDDBF8    | 36B26C14  | EE0AF1  |  |
| Chicago   | IL                   | 60661  |          | Amount                       | of      | Each R   | eceipt th | is Period |         |  |
| FEC ID number of contributing federal political committee.                  | С                    |  |          | <u> </u>                     |         | y .      | ,         | 58.       | 00      |  |
| Name of Employer (for Individual)<br>GE Healthcare                          |                      | cupation (for Individual)<br>ector, Service Product Manageme | nt       | M                            | emo     | tem      |           |           |         |  |
| Receipt For:  | Aggregate            | Year-to-Date <b>V</b>  |          |                              |         |          |           |           |         |  |
| Primary General   |                      | 624.00   |          |                              |         |          |           |           |         |  |
| Other (specify)   |                      |  |          |                              |         |          |           |           |         |  |
| SUBTOTAL of Receipts This Page (optional                                    | l)                   |  | <u> </u> | [.                           |         | ,        | 9         | 174.0     | 00      |  |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17                   |
|--|---|--|
|  | and Statements may not be sold or used by any<br>sing the name and address of any political commi | y person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full)  |   |  |
| GE HealthCare Technolog  | ies Inc. PAC  |  |
| Full Name of Individual (Last, First, Mi<br>A. Zhang, Yihao, , ,<br>Mailing Address 500 West Monroe Stre | ·   |  |
|  |   | 07 21 2023   |
| City<br>Chicago  | State Zip Code<br>IL 60661  | Transaction ID : 51E1D7427AB84ACEAC                  |
|  | 00001   | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 416.00   |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item  |
| GE Healthcare  | President & CEO, GE Healthcare (  | China  |
| Receipt For:   | Aggregate Year-to-Date ▼  |  |
| Primary General  |   |  |
| Other (specify) V  | 4992.00   |  |
| Full Name of Individual (Last, First, Mi<br>B. Zhang, Yihao, , ,   | ddle Initial) or Full Organization Name   | Date of Receipt                                      |
| Mailing Address 500 West Monroe Stre   | et  | 08 25 2023   |
| City   | State Zip Code  | Transaction ID : D09D049C0C7640A5924                 |
| Chicago  | IL 60661  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 416.00   |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item  |
| GE Healthcare  | President & CEO, GE Healthcare  | China  |
| Receipt For:   | Aggregate Year-to-Date ▼  |  |
| Primary General  | riggrogato roar to bato r   | _  |
| Other (specify) ▼  | 4992.00   |  |
| Full Name of Individual (Last, First, Mi<br>C. Zhang, Yihao, , ,   | ddle Initial) or Full Organization Name   | Date of Receipt                                      |
| Mailing Address 500 West Monroe Stre   | ret   | 09 22 2023   |
| City   | State Zip Code  | Transaction ID : FBAD8A72DA954C56B8                  |
| Chicago  | IL 60661  | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.   | C   | 416.00   |
| Name of Employer (for Individual)<br>GE Healthcare   | Occupation (for Individual)<br>President & CEO, GE Healthcare C                                   | China Memo Item                                      |
| Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>4992.00   |  |
| SUBTOTAL of Receipts This Page (optic  | nal)  |  |

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| ITEMIZED RECEIPTS  | -                      | Use separate schedule(s)                          | (check only one)                 | nly one)    |             |        |  |  |  |
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| Any information copied from such Reports                           |                        |   |                                  |             |             |        |  |  |  |
| or for commercial purposes, other than usin                        | ng the name and a      | address of any political committee                | to solicit contributions         | s from such |             | ee.    |  |  |  |
| NAME OF COMMITTEE (In Full)  | _                      |   |                                  |             |             |        |  |  |  |
| GE HealthCare Technologie  | es Inc. PAC            |   |                                  |             |             |        |  |  |  |
| Full Name of Individual (Last, First, Mido<br>A. Zhang, Yihao, , , | dle Initial) or Full C | Organization Name                                 | Date of Receipt                  |             |             |        |  |  |  |
| Mailing Address 500 West Monroe Stree                              | t                      |   |                                  |             | - Y - Y -   | Y      |  |  |  |
|  |                        |   | 10 2                             | 20          | 2023        |        |  |  |  |
| City   | State                  | Zip Code  | Transaction ID                   |             |             | F69054 |  |  |  |
| Chicago  |                        | 60661   | Amount of Each                   | Receipt th  | is Period   |        |  |  |  |
| FEC ID number of contributing federal political committee.         | s a l                  |   |                                  |             | 416.0       | 00     |  |  |  |
| Name of Employer (for Individual)                                  |                        | upation (for Individual)                          | Memo Item                        | ۱           |             |        |  |  |  |
| GE Healthcare<br>Receipt For:                                      |                        | sident & CEO, GE Healthcare Chi                   |                                  |             |             |        |  |  |  |
| Primary General  | Aggregate              | Year-to-Date <b>V</b>                             |                                  |             |             |        |  |  |  |
| Other (specify) V  |                        | 4992.00   |                                  |             |             |        |  |  |  |
|  |                        |   |                                  |             |             |        |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Zhang, Yihao, , , | dle Initial) or Full C | organization Name                                 | Date of Receipt                  |             |             |        |  |  |  |
| Mailing Address 500 West Monroe Street                             | i                      |   | 11 2                             | 24 / Y      | y y<br>2023 | Y      |  |  |  |
| City   | State                  | Zip Code  | Transaction ID                   | ) : 38D8913 | B86E642     | 8490DB |  |  |  |
| Chicago  | IL                     | 60661   | Amount of Each                   | Receipt th  | is Period   |        |  |  |  |
| FEC ID number of contributing federal political committee.         | С                      |   |                                  |             | 416.0       | 00     |  |  |  |
| Name of Employer (for Individual)                                  | Occ                    | upation (for Individual)                          | Memo Item                        | ı           |             |        |  |  |  |
| GE Healthcare  | Pre                    | sident & CEO, GE Healthcare Ch                    | nŧ                               |             |             |        |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date <b>V</b>                             |                                  |             |             |        |  |  |  |
| Primary General  |                        | 4992.00   |                                  |             |             |        |  |  |  |
| Other (specify) <b>v</b>   |                        | 4992.00   | 1                                |             |             |        |  |  |  |
| Full Name of Individual (Last, First, Mido<br>C. Zhang, Yihao, , , | dle Initial) or Full C | rganization Name                                  | Date of Receipt                  |             |             |        |  |  |  |
| Mailing Address 500 West Monroe Stree                              | t                      |   | M M / D                          | D / Y       | Y Y         | Y      |  |  |  |
| City   | State                  | Zin Codo  |                                  | 15          | 2023        |        |  |  |  |
| City<br>Chicago  | IL                     | Zip Code<br>60661                                 | Transaction ID<br>Amount of Each |             |             | SEA1E1 |  |  |  |
| FEC ID number of contributing federal political committee.         | С                      |   |                                  |             | 416.0       | 00     |  |  |  |
| Name of Employer (for Individual)                                  | 0.00                   | upation (for Individual)                          | Memo Item                        | ,           |             |        |  |  |  |
| GE Healthcare  |                        | sident & CEO, GE Healthcare Chi                   |                                  |             |             |        |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date <b>V</b>                             |                                  |             |             |        |  |  |  |
| Other (specify)  |                        | 4992.00   |                                  |             |             |        |  |  |  |
|  |                        |   | -                                |             | 1248.0      | 00     |  |  |  |
| SUBTOTAL of Receipts This Page (option                             | al)                    |   | · ·                              |             |             |        |  |  |  |
| TOTAL This Period (last page this line pu                          | mbor only)             |   |                                  |             | 60705.0     | 00     |  |  |  |

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

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| SCHEDULE B (FEC Form 3X)                             |             |                                   | FOR LINE          | NUMBER: PAGE 180 OF 198  |  |  |  |  |  |  |  |  |  |
|--|-------------|-----------------------------------|-------------------|--|--|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS                               |             | arate schedule(s) category of the | (check only       |  |  |  |  |  |  |  |  |  |  |
|  |             | Summary Page                      | 21b<br>28a        | 22         X         23         26         27           28b         28c         29         30b |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and State   | ments may   | not be sold or use                |                   |  |  |  |  |  |  |  |  |  |  |
| or for commercial purposes, other than using the nar |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                          |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| GE HealthCare Technologies Inc.                      | PAC         |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| A. Angie Craig For Congress                          |             |                                   |                   | Date of Disbursement   |  |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 22116                         |             |                                   |                   | 07 / 0 D / Y Y Y Y Y<br>2023   |  |  |  |  |  |  |  |  |  |
|  | State       | Zip Code                          |                   | FEC Identification Number  |  |  |  |  |  |  |  |  |  |
| Eagan  | MN          | 55122                             |                   |  |  |  |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>2024 Primary              |             |                                   | 011               | C C00575209  |  |  |  |  |  |  |  |  |  |
| Candidate Name                                       |             |                                   |                   | Transaction ID : DBCA7DFE0I  |  |  |  |  |  |  |  |  |  |
| Craig, Angela, Dawn, ,                               |             |                                   | Category/<br>Type | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |  |  |
|  | ment For:   | 2024                              | туре              | 1000.00  |  |  |  |  |  |  |  |  |  |
| Senate   | Primary     | General                           |                   |  |  |  |  |  |  |  |  |  |  |
| President  | Other (spe  | cify) 🔻                           |                   |  |  |  |  |  |  |  |  |  |  |
| State: MN District: 02                               |             |                                   |                   | Memo Item  |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| B. Beatty For Congress                               |             | Date of Disbursement              |                   |  |  |  |  |  |  |  |  |  |  |
| , 3  |             |                                   |                   | 07 21 2022   |  |  |  |  |  |  |  |  |  |
| Mailing Address 222 E Town St<br>FI 2W               |             |                                   |                   | 07 31 2023   |  |  |  |  |  |  |  |  |  |
| -  | State<br>OH | Zip Code                          |                   | FEC Identification Number  |  |  |  |  |  |  |  |  |  |
| Columbus Purpose of Disbursement                     | ОП          | 43215                             |                   | 0 000507000  |  |  |  |  |  |  |  |  |  |
| 2024 Primary   |             |                                   | 011               | C C00507368  |  |  |  |  |  |  |  |  |  |
| Candidate Name                                       |             |                                   | Catagory          | Transaction ID : 487C1AAEAB  |  |  |  |  |  |  |  |  |  |
| Beatty, Joyce, , ,                                   |             |                                   | Category/<br>Type | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |  |  |
| Office Sought: X House Disburser                     | ment For:   | 2024                              |                   | 1000.00  |  |  |  |  |  |  |  |  |  |
| Senate X   | Primary     | General                           |                   |  |  |  |  |  |  |  |  |  |  |
| President  | Other (spe  | cify)                             |                   | Memo Item  |  |  |  |  |  |  |  |  |  |
| State: OH District: 03                               |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)              |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| C. Bilirakis For Congress                            |             |                                   |                   | Date of Disbursement   |  |  |  |  |  |  |  |  |  |
| Mailing Address PO Box 606                           |             |                                   |                   | 12 06 2023   |  |  |  |  |  |  |  |  |  |
| Maining Address PO Box 606                           |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| City   | State       | Zip Code                          |                   | FEC Identification Number  |  |  |  |  |  |  |  |  |  |
| Tarpon Springs                                       | FL          | 34688-0606                        |                   |  |  |  |  |  |  |  |  |  |  |
| Purpose of Disbursement                              |             |                                   | 011               | C C00408534  |  |  |  |  |  |  |  |  |  |
| 2024 Primary<br>Candidate Name                       |             |                                   | 011               | Transaction ID : 68C1134BA1  |  |  |  |  |  |  |  |  |  |
| Bilirakis, Gus, Michael, ,                           |             |                                   | Category/         | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |  |  |
|  | ment For:   | 2024                              | Туре              | 1000.00  |  |  |  |  |  |  |  |  |  |
| Senate   | Primary     | General                           |                   |  |  |  |  |  |  |  |  |  |  |
| President X  | Other (spe  |                                   |                   | Mama Itam  |  |  |  |  |  |  |  |  |  |
| State: FL District: 12                               | · ·         |                                   |                   | Memo Item  |  |  |  |  |  |  |  |  |  |
|  |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |             |                                   | ••••••            | 3000.00  |  |  |  |  |  |  |  |  |  |
|  |             |                                   |                   |  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)  | )           |                                   | ····· ►           | , ,  |  |  |  |  |  |  |  |  |  |

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|           | HEDULE B (FEC Form 3X)   | Use sena                              | arate schedule(s)               | FOR LINE I                              |  |  |  |  |  |  |  |  |
|-----------|--|---------------------------------------|---------------------------------|---|--|--|--|--|--|--|--|--|
| ITE       | MIZED DISBURSEMENTS  | for each                              | category of the<br>Summary Page | (check only<br>21b<br>28a               | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                 |  |  |  |  |  |  |  |
|           | r information copied from such Reports and State<br>or commercial purposes, other than using the nar |                                       |                                 |   |  |  |  |  |  |  |  |  |
| \ I       | NAME OF COMMITTEE (In Full)  |                                       |                                 |   |  |  |  |  |  |  |  |  |
|           | GE HealthCare Technologies Inc.  | PAC                                   |                                 |   |  |  |  |  |  |  |  |  |
| -         | Full Name (Last, First, Middle Initial)  |                                       |                                 |   |  |  |  |  |  |  |  |  |
| Α.        | Bonamici For Congress  |                                       |                                 |   | Date of Disbursement   |  |  |  |  |  |  |  |
| -         | Mailing Address PO Box 1632  | 07 / D D / Y Y Y Y<br>2023            |                                 |   |  |  |  |  |  |  |  |  |
|           | City<br>Beaverton  | State<br>OR                           | Zip Code<br>97075               |   | FEC Identification Number  |  |  |  |  |  |  |  |
| F         | Purpose of Disbursement  |                                       |                                 |   | C C00500421  |  |  |  |  |  |  |  |
|           | 2024 Primary   |                                       |                                 | 011                                     | Transaction ID : A0F9FB4208  |  |  |  |  |  |  |  |
| (         | Candidate Name   |                                       |                                 | Category/                               | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |
|           | Bonamici, Suzanne, Marie, ,  |                                       |                                 | Туре                                    | 4000.00  |  |  |  |  |  |  |  |
| (         | Dffice Sought: X House Disburse<br>Senate President  | ment For: 2<br>Primary<br>Other (spec | General                         |   | 1000.00  |  |  |  |  |  |  |  |
| S         | State: OR District: 01   |                                       | sily) v                         |   | Memo Item  |  |  |  |  |  |  |  |
| F         | Full Name (Last, First, Middle Initial)  |                                       |                                 |   |  |  |  |  |  |  |  |  |
| <b>B.</b> | Brian Fitzpatrick For All Of Us  |                                       |                                 |   | Date of Disbursement   |  |  |  |  |  |  |  |
| _         | Mailing Address PO Box 939   |                                       | 12 11 2023                      |   |  |  |  |  |  |  |  |  |
|           | -  | State<br>PA                           | Zip Code                        |   | FEC Identification Number  |  |  |  |  |  |  |  |
|           | Langhorne<br>Purpose of Disbursement   | FA                                    | 19047                           |   | C C00607416<br>Transaction ID : F063B737FB5<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |  |
|           | 2024 Primary   |                                       |                                 | 011                                     |  |  |  |  |  |  |  |  |
| 7         | Candidate Name   |                                       |                                 | Category/                               |  |  |  |  |  |  |  |  |
|           | Fitzpatrick, Brian, K., ,  |                                       |                                 | Type                                    |  |  |  |  |  |  |  |  |
| Ō         | Office Sought: X House Disburse  | ment For: 2                           | 2024                            |   | 1000.00  |  |  |  |  |  |  |  |
|           |  | Primary                               | General                         |   |  |  |  |  |  |  |  |  |
| ę         | State: PA District: 01   | Other (spec                           | cify)                           |   | Memo Item  |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)  |                                       |                                 |   |  |  |  |  |  |  |  |  |
| C.        | Bucshon For Congress   |                                       |                                 |   | Date of Disbursement   |  |  |  |  |  |  |  |
| -         | Mailing Address PO Box 250   |                                       |                                 |   | 10 / D D / Y Y Y Y<br>10 11 2023   |  |  |  |  |  |  |  |
| (         | Dity   | State                                 | Zip Code                        |   | FEC Identification Number  |  |  |  |  |  |  |  |
|           | Newburgh   | IN                                    | 47629-0250                      |   |  |  |  |  |  |  |  |  |
| ł         | Purpose of Disbursement  |                                       | I                               | 011                                     | C C00468256  |  |  |  |  |  |  |  |
| ī         | 2024 Primary<br>Candidate Name   |                                       |                                 |   | Transaction ID : 04A47DBE67  |  |  |  |  |  |  |  |
|           | Bucshon, Larry, Dean, ,  |                                       |                                 | Category/<br>Type                       | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |
| Ō         | -  | ment For: 2                           | 2024                            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1000.00  |  |  |  |  |  |  |  |
|           | Senate X   | Primary                               | General                         |   |  |  |  |  |  |  |  |  |
| ç         | State: IN District: 08   | Other (spec                           | cify) ▼                         |   | Memo Item  |  |  |  |  |  |  |  |
| <u> </u>  |  |                                       |                                 |   |  |  |  |  |  |  |  |  |
| รเ        | IBTOTAL of Disbursements This Page (optional)  |                                       |                                 | ••••••                                  | 3000.00  |  |  |  |  |  |  |  |
| тс        | TAL This Period (last page this line number only   | )                                     |                                 | ••••••                                  |  |  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use sens   | arate schedule(s)               |      |     | R LINE NUMBER:       |   |       |           | PAGE                 | 182 OF 198 |                |  |  |  |
|---|--|---------------------------------|------|-----|----------------------|---|-------|-----------|----------------------|------------|----------------|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each   | category of the<br>Summary Page |      |     | only o<br>21b<br>28a | one)<br>22<br>28b                       | X     | 23<br>28c | 20                   |            | 27<br>30b      |  |  |  |
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| NAME OF COMMITTEE (In Full)   |  |                                 |      |     |                      |   |       |           |                      |            |                |  |  |  |
| GE HealthCare Technologies Inc.   | PAC  |                                 |      |     |                      |   |       |           |                      |            |                |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Cathy McMorris Rodgers For Congr                            | Full Name (Last, First, Middle Initial)<br>Cathy McMorris Rodgers For Congress |                                 |      |     |                      |   |       |           | Date of Disbursement |            |                |  |  |  |
| Mailing Address PO Box 137  |  |                                 |      |     |                      |   |       |           |                      |            |                |  |  |  |
| City<br>Spokane   |  |                                 |      |     |                      | FEC Id                                  | entif | icatio    | n Num                | oer        |                |  |  |  |
| Purpose of Disbursement   |  |                                 |      |     | С                    | C00                                     | 3904  | 76        |                      |            |                |  |  |  |
| 2024 Primary  |  | 0                               | 11   |     | -                    | ansa                                    | ction | ID : B    | BCAD                 | 7B189      |                |  |  |  |
| Candidate Name  | McMorris Rodgers, Cathy, , ,   |                                 |      |     |                      |   |       |           |                      |            | nt this Period |  |  |  |
|   |  |                                 |      |     |                      |   |       |           |                      |            | 4000.00        |  |  |  |
| Office Sought: X House Disburse<br>Senate X<br>President  | Senate Primary General   |                                 |      |     |                      |   |       | ltorr     |                      | <u>e I</u> | 4000.00        |  |  |  |
| State: WA District: 05  | 」、、  | · ·                             |      |     |                      | Me                                      | mo    | nem       |                      |            |                |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                 |      |     |                      |   |       |           |                      |            |                |  |  |  |
| B. Chrissy Houlahan For Congress  |  |                                 |      |     |                      | Date of                                 | f Dis | burse     |                      | Y          | YYYY           |  |  |  |
| Mailing Address PO Box 222  |  |                                 |      |     |                      | 07 31 2023                              |       |           |                      |            |                |  |  |  |
| City<br>Devon   | State<br>PA  | Zip Code<br>19333               |      |     |                      | FEC Id                                  | entif | icatio    | n Num                | oer        |                |  |  |  |
| Purpose of Disbursement   | Purpose of Disbursement  |                                 |      |     |                      | C C00637371                             |       |           |                      |            |                |  |  |  |
| 2024 Primary  |  |                                 | 0    | 11  |                      | Transaction ID : 931B971A2E7            |       |           |                      |            |                |  |  |  |
| Candidate Name  |  |                                 | Cate |     | //                   | Amount of Each Disbursement this Period |       |           |                      |            |                |  |  |  |
| Houlahan, Christina, J., ,  |  |                                 | Ту   | /pe |                      |   |       |           |                      | 1000.00    |                |  |  |  |
|   | ment For:  |                                 |      |     |                      | 1000.00                                 |       |           |                      |            |                |  |  |  |
|   | Primary  | General                         |      |     |                      |   |       |           |                      |            |                |  |  |  |
| State: PA District: 06  | Other (spe   | спу)                            |      |     |                      | Me                                      | mo    | ltem      |                      |            |                |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                 |      |     |                      | Date of                                 | f Dis | burse     | ment                 |            |                |  |  |  |
| Darrell Issa For Congress   |  |                                 |      |     |                      | M M                                     | /     | D         | D /                  | Y          | Y Y Y          |  |  |  |
| Mailing Address 9070 Irvine Center Dr<br>Ste 150  |  |                                 |      |     |                      | 07                                      |       | 3         |                      |            | 2023           |  |  |  |
| City<br>Irvine  | State<br>CA  | Zip Code<br>92618               |      |     |                      | FEC Id                                  | entif | icatio    | n Num                | oer        | _              |  |  |  |
| Purpose of Disbursement   |  | ·                               |      |     |                      | С                                       | C00   | 7213      | 32                   |            |                |  |  |  |
| 2024 Primary  |  |                                 | 0    | 11  |                      | -                                       | ansa  | ction     | ID : 62              | 25F26      | 96BD           |  |  |  |
| Candidate Name  | Category   |                                 |      |     |                      |   |       |           |                      |            | nt this Period |  |  |  |
| Issa, Darrell, Edward, ,  | ssa, Darrell, Edward, ,  |                                 |      |     |                      |   |       |           |                      |            |                |  |  |  |
| Office Sought: House Disbursement For: 2024   |  |                                 |      |     |                      | 1000.00                                 |       |           |                      |            |                |  |  |  |
| Senate X  | Senate Primary General<br>President Other (specify) ▼                          |                                 |      |     |                      | -                                       |       |           |                      |            |                |  |  |  |
| State: CA District: 48  |  | uiy) ▼                          |      |     |                      | Me                                      | mo    | ltem      |                      |            |                |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |  |                                 |      |     |                      |   |       |           |                      |            | 6000.00        |  |  |  |
|   |  |                                 |      |     |                      | H                                       |       | 7         |                      | 7          | 1 1 1          |  |  |  |
| TOTAL This Period (last page this line number only  | /)   |                                 |      |     |                      |   |       | ,         |                      |            |                |  |  |  |

| SCHEDULE B (FEC Form 3X)   |   |                                   | FOR    |                    | FOR LINE NUMBER: |   |                           | B. PAGE 183 OF 198 |        |       |     |            |    |
|--|---|-----------------------------------|--------|--------------------|------------------|---|---------------------------|--------------------|--------|-------|-----|------------|----|
| TEMIZED DISBURSEMENTS  |   | arate schedule(s) category of the | -      | (check only<br>21b |                  | v one)                                      |                           |                    |        |       |     |            |    |
|  |   | Summary Page                      |        |                    |                  |   |                           |                    | 27     |       |     |            |    |
|  |   | , ,                               |        | 28a                |                  | 28b   |                           | 28c                |        | 29    |     | 30b        |    |
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| NAME OF COMMITTEE (In Full)  |   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| angle GE HealthCare Technologies Inc.  | PAC   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| Full Name (Last, First, Middle Initial)  |   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| Davis For Congress/Friends Of Davi   |   | Date of Disbursement              |        |                    |                  |   |                           |                    |        |       |     |            |    |
| Mailing Address 5956 W Race Ave  |   | 12 06 / Y Y Y Y<br>2023           |        |                    |                  |   |                           |                    |        |       |     |            |    |
| City   | State   | Zip Code                          |        |                    |                  |   |                           |                    |        |       |     |            |    |
| Chicago  | IL  | 60644                             |        |                    |                  | FEC Ide                                     | entif                     | icatior            | n Nu   | Imber |     |            |    |
| Purpose of Disbursement  |   |                                   |        |                    |                  |   |                           | )1726 <sup>,</sup> | 19     |       |     |            |    |
| 2024 Primary   |   |                                   |        |                    |                  |   | nsa                       | ction              | ID :   | 039D  | 06A | 252F       |    |
| Candidate Name   | -   |                                   | Catego | ry/                |                  |   |                           |                    |        |       |     | this Perio | od |
| Davis, Danny, K., ,  |   |                                   |        |                    |                  |   | -                         |                    |        |       |     | 000.00     |    |
| Ŭ Z  |   |                                   |        |                    |                  |   |                           | ,                  |        | -     | 1   | 000.00     |    |
| President  | Memo Item   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| State: IL District: 07   |   |                                   |        |                    |                  | _   |                           |                    |        |       |     |            | _  |
| Full Name (Last, First, Middle Initial)  |   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| <sup>3.</sup> Debbie Wasserman Schultz For C   | ongress   |                                   |        |                    |                  | Date of                                     | Dis                       |                    |        | π     |     |            |    |
| Mailing Address 1071 Twin Preach La  | iling Address 1071 Twin Branch Ln                                   |                                   |        |                    |                  |   |                           |                    | D<br>1 | / Y   | 20  | )23        |    |
|  |   |                                   |        |                    |                  |   |                           | <u> </u>           |        |       | 20  | 25         |    |
| City   | State Zip Code<br>FL 33326  |                                   |        |                    |                  |   | ontif                     | lication           | n Ni   | mbor  | ,   |            |    |
| Weston   |   |                                   |        |                    |                  |   | FEC Identification Number |                    |        |       |     |            |    |
| Purpose of Disbursement  |   |                                   | 044    |                    |                  | C C00385773<br>Transaction ID : 448D7BE0554 |                           |                    |        |       |     |            |    |
| 2024 Primary<br>Candidate Name   |   |                                   | 011    |                    |                  |   |                           |                    |        |       |     |            |    |
|  |   |                                   | Catego |                    |                  | Amount of Each Disbursement this Period     |                           |                    |        |       |     |            |    |
| Wasserman Schultz, Debbie, , ,<br>Office Sought: Y House Disburse  | ment For:   | 2024                              | Туре   |                    | 1000.00          |   |                           |                    |        |       |     |            |    |
|  | Primary   | General                           |        |                    |                  |   |                           |                    |        |       |     |            |    |
| President  | Other (spec   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| State: FL District: 25   |   |                                   |        |                    |                  | Me  | mo                        | Item               |        |       |     |            |    |
| Full Name (Last, First, Middle Initial)  |   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |
| C Dr John Joyce For Congress   |   |                                   |        |                    |                  | Date of                                     | Dis                       | sburse             | emer   | t     |     |            |    |
|  |   |                                   |        |                    | _                | M M   | /                         | D                  |        | / Y   |     | YY         |    |
| Mailing Address 1002 Logan Blvd  |   |                                   |        |                    |                  | 12  |                           | 0                  | 6      |       | 20  | )23        |    |
| Ste 114<br>City  | State   | Zip Code                          |        |                    |                  |   |                           |                    |        |       |     |            |    |
| Altoona  | PA  | 16602                             |        |                    |                  | FEC Ide                                     | entif                     | icatior            | n Nu   | Imber |     |            |    |
| Purpose of Disbursement  |   |                                   | _      | _                  |                  | С   | COC                       | )6742              | 59     |       |     |            |    |
| 2024 Primary   |   |                                   | 011    |                    |                  |   | nsa                       | action             | ID :   | 4060  | E1F | 539[       |    |
| Candidate Name   | byce, John, , , Type<br>fice Sought: X House Disbursement For: 2024 |                                   |        |                    |                  |   |                           |                    |        |       |     | this Perio | od |
| Joyce, John, , ,   |   |                                   |        |                    |                  |   | -                         |                    |        |       |     | 000.00     |    |
|  |   |                                   |        |                    |                  |   |                           | ,                  |        | -9-   | 1   | 000.00     |    |
| Senate X   | Primary General   |                                   |        |                    |                  | _   |                           |                    |        |       |     |            |    |
| State: PA District: 13   | Other (spe  | uny) ▼                            |        |                    |                  | Me  | mo                        | Item               |        |       |     |            |    |
| State. In District. 13   |   |                                   |        |                    |                  |   | _                         |                    |        | _     |     |            | _  |
| SUBTOTAL of Disbursements This Page (optional)   |   |                                   |        |                    |                  |   |                           |                    |        | -     |     | 3000.00    |    |
|  |   |                                   |        | -                  |                  | <b>+</b>                                    |                           | ,                  | -      | -,-   | -   |            | -  |
| TOTAL This Period (last page this line number only   | )   |                                   |        |                    |                  |   |                           |                    |        |       |     |            |    |

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| SCHEDULE B (FEC Form 3X)                                   | 11  |  | FOR LINE                  | E NUMBER: PAGE 184 OF 198                  |  |  |  |  |  |
|--|---|--|---------------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                     |   | rate schedule(s) category of the       | (check only               | / one)<br>22 🗙 23 26 27                    |  |  |  |  |  |
|  |   | Summary Page                           | 210<br>28a                | 22 X 23 20 27<br>28b 28c 29 30b            |  |  |  |  |  |
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| or for commercial purposes, other than using the name      |   |  |                           |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                |   |  |                           |  |  |  |  |  |  |
| angle GE HealthCare Technologies Inc.                      | PAC   |  |                           |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                    |   |  |                           |  |  |  |  |  |  |
| A. Friends Of John Barrasso                                | Friends Of John Barrasso  |  |                           |  |  |  |  |  |  |
|  |   |  |                           | M M / D D / Y Y Y Y                        |  |  |  |  |  |
| Mailing Address PO Box 52008                               |   |  |                           | 12 06 2023                                 |  |  |  |  |  |
|  | State<br>WY   |  | FEC Identification Number |  |  |  |  |  |  |
| Casper   | se of Disbursement  |  |                           |  |  |  |  |  |  |
| 2024 Primary   |   |  |                           |  |  |  |  |  |  |
| Candidate Name   |   |  |                           | Transaction ID : EB8E38D249                |  |  |  |  |  |
| Barrasso, John, Anthony, ,                                 |   |  | Category/<br>Type         | Amount of Each Disbursement this Period    |  |  |  |  |  |
|  | ment For: 2   | 2024                                   | Турс                      | 1500.00                                    |  |  |  |  |  |
| X Senate   | Primary   | General                                |                           |  |  |  |  |  |  |
| President  | Other (spec   | cify) 🔻                                |                           | Memo Item                                  |  |  |  |  |  |
| State: WY District:  |   |  |                           |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                    |   |  |                           |  |  |  |  |  |  |
| <sup>B.</sup> Friends Of Neal Dunn                         |   |  |                           | Date of Disbursement                       |  |  |  |  |  |
|  |   |  |                           | M M / D D / Y Y Y Y                        |  |  |  |  |  |
| Mailing Address PO Box 10037                               |   |  |                           | 11 14 2023                                 |  |  |  |  |  |
| 5  | State   | Zip Code                               |                           | FEC Identification Number                  |  |  |  |  |  |
| Tallahassee  | FL  | 32302                                  |                           |  |  |  |  |  |  |
| Purpose of Disbursement                                    |   |  | 011                       | C C00582304<br>Transaction ID : A89B9D74BA |  |  |  |  |  |
| 2024 Primary<br>Candidate Name                             |   |  | UTI                       |  |  |  |  |  |  |
|  |   |  | Category/                 | Amount of Each Disbursement this Period    |  |  |  |  |  |
| Dunn, Neal, Patrick, ,<br>Office Sought: Y House Disburser | ment For: 2   | 0024                                   | Туре                      | 2000.00                                    |  |  |  |  |  |
|  | Primary   | General                                |                           |  |  |  |  |  |  |
| President  | Other (spec   |  |                           | -  |  |  |  |  |  |
| State: FL District: 02                                     |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           | Memo Item                                  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                    |   |  |                           |  |  |  |  |  |  |
| c. Friends To Elect Dr. Greg Murphy                        | To Conc   | arace                                  |                           | Date of Disbursement                       |  |  |  |  |  |
|  |   | JICSS                                  |                           | M M / D D / Y Y Y Y                        |  |  |  |  |  |
| Mailing Address PO Box 1131                                |   |  |                           | 07 31 2023                                 |  |  |  |  |  |
| City   | State   | Zip Code                               |                           | FEC Identification Number                  |  |  |  |  |  |
| Greenville   | NC  | 27835                                  |                           |  |  |  |  |  |  |
| Purpose of Disbursement                                    |   |  |                           | C C00697649                                |  |  |  |  |  |
| 2024 Primary   |   |  | 011                       | Transaction ID : 487C15996C                |  |  |  |  |  |
|  | Candidate Name Categories   |  |                           |  |  |  |  |  |  |
| Murphy, Gregory, Francis, , M.D.                           | Murphy, Gregory, Francis, , M.D.     Type       Office Sought:     Y House     Disbursement For: 2024 |  |                           |  |  |  |  |  |  |
|  | Senate Primary General  |  |                           |  |  |  |  |  |  |
| President  | Other (spec   |  |                           |  |  |  |  |  |  |
| State: NC District: 03                                     | Strier (spec  |  | Memo Item                 |  |  |  |  |  |  |
|  |   |  |                           |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)             |   |  | ⊾                         | 4500.00                                    |  |  |  |  |  |
|  |   |  | F                         |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)        | )   |  | ••••••                    | , ,  |  |  |  |  |  |

|              | CHEDULE B (FEC Form 3X)  |                                       | arato echodulo(c)                                    | FOR LINE I                |  |  |  |  |  |  |
|--------------|--|---------------------------------------|--|---------------------------|--|--|--|--|--|--|
| ITI          | EMIZED DISBURSEMENTS   | for each                              | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | one)<br>22 X 23 26 27<br>28b 28c 29 30b  |  |  |  |  |  |
|              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                                       |  |                           |  |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                                       |  |                           |  |  |  |  |  |  |
|              | GE HealthCare Technologies Inc.  | PAC                                   |  |                           |  |  |  |  |  |  |
| <u> </u>     | Full Name (Last, First, Middle Initial)  |                                       |  |                           | Date of Disbursement   |  |  |  |  |  |
| Α.           | Fry For Congress   |                                       |  |                           |  |  |  |  |  |  |
|              | Mailing Address PO Box 14641   |                                       |  |                           | 07 / D D / Y Y Y Y<br>31 2023  |  |  |  |  |  |
|              | City<br>Surfside Beach   | State<br>SC                           | Zip Code<br>29587                                    |                           | FEC Identification Number  |  |  |  |  |  |
|              | Purpose of Disbursement  |                                       | 1  |                           | C C00786657  |  |  |  |  |  |
|              | 2024 Primary   |                                       |  | 011                       | Transaction ID : E333EA5CBF  |  |  |  |  |  |
|              | Candidate Name   |                                       |  | Category/                 | Amount of Each Disbursement this Period  |  |  |  |  |  |
|              | Fry, Russell, W., ,  |                                       |  | Туре                      | 1000.00  |  |  |  |  |  |
|              | Office Sought: House Disburse<br>Senate President  | ment For: 2<br>Primary<br>Other (spe  | General  |                           | 1000.00  |  |  |  |  |  |
|              | State: SC District: 07   |                                       | oliy) V  |                           | Memo Item  |  |  |  |  |  |
|              | Full Name (Last, First, Middle Initial)  |                                       |  |                           |  |  |  |  |  |  |
| В.           | Guthrie For Congress   |                                       | Date of Disbursement                                 |                           |  |  |  |  |  |  |
|              | Mailing Address PO Box 22401   |                                       |  |                           | 10 11 2023   |  |  |  |  |  |
|              | City   | State<br>KY                           | Zip Code<br>40252                                    |                           | FEC Identification Number  |  |  |  |  |  |
|              | Louisville Purpose of Disbursement   |                                       |  |                           |  |  |  |  |  |  |
|              | 2024 Primary   |                                       |  | 011                       | C C00445023<br>Transaction ID : B7E92D37C7I<br>Amount of Each Disbursement this Period |  |  |  |  |  |
|              | Candidate Name   |                                       |  | Catagony/                 |  |  |  |  |  |  |
|              | Guthrie, S. Brett, , ,   |                                       |  | Category/<br>Type         | Amount of Lach Disbursement this Fellou  |  |  |  |  |  |
|              | ° N  | ment For: 2<br>Primary<br>Other (spec | General  |                           | 1000.00  |  |  |  |  |  |
|              | State: KY District: 02   |                                       |  |                           | Memo Item  |  |  |  |  |  |
| с.           | Full Name (Last, First, Middle Initial)<br>Guthrie For Congress                                      |                                       |  |                           | Date of Disbursement   |  |  |  |  |  |
|              | Mailing Address PO Box 22401   |                                       |  |                           | 12 / D D / Y Y Y Y<br>12 06 / 2023   |  |  |  |  |  |
|              |  | State                                 | Zip Code   |                           | FEC Identification Number  |  |  |  |  |  |
|              | Louisville<br>Purpose of Disbursement  | KY                                    | 40252  |                           | 0 000445000  |  |  |  |  |  |
|              | 2024 Primary   |                                       |  | 011                       | C C00445023<br>Transaction ID : 3C7625BD87   |  |  |  |  |  |
|              | Candidate Name   | andidata Nama                         |  |                           |  |  |  |  |  |  |
|              | Guthrie, S. Brett, , ,   | Category/<br>Type                     | Amount of Each Disbursement this Period              |                           |  |  |  |  |  |  |
|              | Office Sought: X House Disburse<br>Senate X  |                                       | 1000.00  |                           |  |  |  |  |  |  |
|              | State: KY District: 02   | Other (spe                            | cify) ▼  |                           | Memo Item  |  |  |  |  |  |
| s            | UBTOTAL of Disbursements This Page (optional).   |                                       |  |                           | 3000.00  |  |  |  |  |  |
| т            | OTAL This Period (last page this line number only  | ()                                    |  | ••••••                    | , ,  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |                              | proto pobodulo(o)                                    | FOR LINE I                |  |  |  |  |  |  |  |
|---|------------------------------|--|---------------------------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each                     | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | one) 22 X 23 26 27 28b 28c 29 30b                                      |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                              |  |                           |  |  |  |  |  |  |  |
| GE HealthCare Technologies Inc  | . PAC                        |  |                           |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                              |  |                           | Date of Disbursement   |  |  |  |  |  |  |
| A. Jason Smith For Congress   | ason Smith For Congress      |  |                           |  |  |  |  |  |  |  |
| Mailing Address PO Box 1324   | Mailing Address PO Box 1324  |  |                           |  |  |  |  |  |  |  |
| City<br>Cape Girardeau  | State<br>MO                  | Zip Code<br>63702-1324                               |                           | FEC Identification Number  |  |  |  |  |  |  |
| Purpose of Disbursement   |                              | 00102 1024   |                           | C C00541862  |  |  |  |  |  |  |
| 2024 Primary  |                              |  | 011                       | Transaction ID : 87B3457ACF  |  |  |  |  |  |  |
| Candidate Name  |                              | I  | Category/                 | Amount of Each Disbursement this Period                                |  |  |  |  |  |  |
| Smith, Jason, Thomas, ,   |                              |  | Туре                      |  |  |  |  |  |  |  |
| ~   | sement For:                  | -  |                           | 1500.00  |  |  |  |  |  |  |
| Senate<br>President   | Primary<br>Other (spe        | General<br>ecify) ▼                                  |                           | Memo Item  |  |  |  |  |  |  |
| State: MO District: 08  |                              |  |                           |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                              |  |                           |  |  |  |  |  |  |  |
| <sup>B.</sup> Joe Morelle For Congress  |                              |  |                           | Date of Disbursement   |  |  |  |  |  |  |
| Mailing Address PO Box 90914  | Mailing Address PO Box 90914 |  |                           |  |  |  |  |  |  |  |
| City  |                              |  |                           |  |  |  |  |  |  |  |
| Rochester<br>Purpose of Disbursement  |                              |  |                           |  |  |  |  |  |  |  |
| 2024 Primary  |                              |  | 011                       | C C00675108  |  |  |  |  |  |  |
| Candidate Name  |                              |  | Category/                 | Transaction ID : ED48AE48A5<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Morelle, Joseph, D., ,  |                              |  | Type                      |  |  |  |  |  |  |  |
|   | sement For:                  | 2024   |                           | 1000.00  |  |  |  |  |  |  |
|   | Primary                      | General  |                           |  |  |  |  |  |  |  |
| State: NY District: 25  | Other (spe                   | ecify)   |                           | Memo Item  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                              |  |                           |  |  |  |  |  |  |  |
| <sup>C.</sup> John Curtis For Utah  |                              |  |                           | Date of Disbursement   |  |  |  |  |  |  |
| Mailing Address PO Box 296  |                              |  |                           | 12 11 2023   |  |  |  |  |  |  |
| City  | State<br>UT                  | Zip Code<br>84603                                    |                           | FEC Identification Number  |  |  |  |  |  |  |
| Provo<br>Purpose of Disbursement  |                              | 04000  |                           | С С00647339  |  |  |  |  |  |  |
| 2024 Convention   |                              |  | 011                       |  |  |  |  |  |  |  |
| Candidate Name  |                              |  | Category/                 | Transaction ID : D84CAA36A(<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Curtis, John, R., ,   |                              |  | Туре                      |  |  |  |  |  |  |  |
|   | sement For:                  |  |                           | 1500.00  |  |  |  |  |  |  |
| Senate Resident   | Primary                      | General  |                           |  |  |  |  |  |  |  |
| State: UT District:   | C Other (spe                 | Convention   |                           | Memo Item  |  |  |  |  |  |  |
|   |                              | Convention   |                           |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional   | )                            |  | ••••••                    | 4000.00  |  |  |  |  |  |  |
|   |                              |  |                           |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number on  | lly)                         |  | ••••••                    | , ,  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |                               |                                   | IE NUMBER: PAGE 187 OF 198 |   |  |  |  |  |  |  |
|---|-------------------------------|-----------------------------------|----------------------------|---|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |                               | arate schedule(s) category of the | (check o                   | y one)                                  |  |  |  |  |  |  |
|   |                               | Summary Page                      | 21                         |   |  |  |  |  |  |  |
|   |                               |                                   | 28                         |   |  |  |  |  |  |  |
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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                    |  |  |  |  |  |  |
| Mailing Address 600 Pennsylvania Ave SE<br>Unit 15180   |                               | 1                                 |                            |   |  |  |  |  |  |  |
| City  | naton State Zip Code DC 20003 |                                   |                            |   |  |  |  |  |  |  |
| Washington Purpose of Disbursement  | DC                            |                                   |                            |   |  |  |  |  |  |  |
| 2024 Primary  |                               |                                   | 011                        | C C00541888                             |  |  |  |  |  |  |
| Candidate Name  |                               |                                   |                            | Transaction ID : BC0A944E01             |  |  |  |  |  |  |
| Clark, Katherine, M.,   |                               |                                   | Category/                  | Amount of Each Disbursement this Period |  |  |  |  |  |  |
|   | ment For:                     | 2024                              | Туре                       | 1500.00                                 |  |  |  |  |  |  |
| Senate  | Primary                       | General                           |                            |   |  |  |  |  |  |  |
| State: MA District: 05  | Memo Item                     |                                   |                            |   |  |  |  |  |  |  |
|   |                               |                                   |                            |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                               |                                   |                            | Date of Disbursement                    |  |  |  |  |  |  |
| Kuster For Congress, Inc  |                               |                                   |                            |   |  |  |  |  |  |  |
| Mailing Address PO Box 1498   |                               |                                   |                            | 10 11 2023                              |  |  |  |  |  |  |
| Maining Address 10 Box 1490   |                               |                                   |                            |   |  |  |  |  |  |  |
| City  | State                         | Zip Code                          |                            |   |  |  |  |  |  |  |
| Concord   | NH                            | 03302                             |                            | FEC Identification Number               |  |  |  |  |  |  |
| Purpose of Disbursement   |                               |                                   |                            | C C00462861                             |  |  |  |  |  |  |
| 2024 Primary  |                               |                                   | 011                        | Transaction ID : 940C646B730            |  |  |  |  |  |  |
| Candidate Name  |                               |                                   | Category/                  | Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Kuster, Ann, McLane, ,  |                               |                                   | Туре                       | 4000.00                                 |  |  |  |  |  |  |
|   | -                             | 2024                              |                            | 1000.00                                 |  |  |  |  |  |  |
|   | Primary                       | General                           |                            |   |  |  |  |  |  |  |
| State: NH District: 02  | Other (spe                    | сіту)                             |                            | Memo Item                               |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                               |                                   |                            |   |  |  |  |  |  |  |
| C. Mark Pocan For Congress  |                               |                                   |                            | Date of Disbursement                    |  |  |  |  |  |  |
|   |                               |                                   |                            | M M / D D / Y Y Y                       |  |  |  |  |  |  |
| Mailing Address PO Box 327  |                               |                                   |                            | 12 06 2023                              |  |  |  |  |  |  |
| City  | State                         | Zip Code                          |                            | FEC Identification Number               |  |  |  |  |  |  |
| Madison   | WI                            | 53701                             |                            |   |  |  |  |  |  |  |
| Purpose of Disbursement   |                               | •                                 |                            | C C00502179                             |  |  |  |  |  |  |
| 2024 Primary  |                               |                                   | 011                        | Transaction ID : A237E97181I            |  |  |  |  |  |  |
| Candidate Name  |                               |                                   | Category/                  | Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Pocan, Mark, , ,  | Туре                          | 1000.00                           |                            |   |  |  |  |  |  |  |
| Office Sought: X House Disburse<br>Senate   |                               |                                   |                            |   |  |  |  |  |  |  |
| President   | Primary                       | General                           |                            |   |  |  |  |  |  |  |
| State: WI District: 02  | Other (spe                    | ony) ▼                            |                            | Memo Item                               |  |  |  |  |  |  |
|   |                               |                                   |                            |   |  |  |  |  |  |  |
| SUBTOTAL of Disburgements This Dags (artists)   |                               |                                   |                            | 3500.00                                 |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |                               |                                   | ••••••                     |   |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)                            |                                   |                            |   |  |  |  |  |  |  |
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| CHEDULE B (FEC Form 3X)<br>TEMIZED DISBURSEMENTS  |             | arate schedule(s)               | FOR LINE<br>(check only |  |                    |            |               |        |            |  |  |
|---|-------------|---------------------------------|-------------------------|--|--------------------|------------|---------------|--------|------------|--|--|
|   |             | category of the<br>Summary Page | 21b<br>28a              | 22<br>28b                              | · ·                | 23<br>28c  | 26            |        | 27<br>30b  |  |  |
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| NAME OF COMMITTEE (In Full)   |             |                                 |                         |  |                    |            |               |        |            |  |  |
| angle GE HealthCare Technologies Inc.   | PAC         |                                 |                         |  |                    |            |               |        |            |  |  |
| Full Name (Last, First, Middle Initial)   |             |                                 |                         |  |                    |            |               |        |            |  |  |
| Marsha For Senate   |             |                                 |                         | Date of                                | Disb               | ursei      | ment          |        |            |  |  |
| Mailing Address PO Box 3750   |             |                                 |                         | 07 31 2023                             |                    |            |               |        |            |  |  |
| City<br>Brentwood   | State<br>TN | Zip Code<br>37024               |                         | FEC Identification Number              |                    |            |               |        |            |  |  |
| Purpose of Disbursement   |             |                                 |                         | С                                      | C003 <sup>.</sup>  | 7693       | 9             |        |            |  |  |
| 2024 Primary  |             |                                 | 011                     |  |                    |            | 。<br>ID : C11 | 884C   | 377        |  |  |
| Candidate Name  |             |                                 | Category/               |  |                    |            |               |        | this Perio |  |  |
| Blackburn, Marsha, Wedgeworth, ,  |             |                                 | Type                    |  |                    |            |               |        |            |  |  |
| Senate  | ement For:  | 2024 General                    |                         |  |                    | _          |               | 20     | 000.00     |  |  |
| President   | Other (spe  | cify) 🔻                         |                         | Me                                     | mo Ite             | em         |               |        |            |  |  |
| State: TN District:   |             |                                 |                         |  |                    |            |               |        |            |  |  |
| Full Name (Last, First, Middle Initial)   |             | Date of                         | Disb                    | ursei                                  | ment               |            |               |        |            |  |  |
|   |             |                                 |                         |  |                    |            | D /           |        | Y Y        |  |  |
| Mailing Address PO Box 1496   |             |                                 |                         |  |                    | 12 06 2023 |               |        |            |  |  |
| City<br>Louisville  | State<br>KY | Zip Code<br>40201               |                         | FEC Ide                                | entific            | ation      | Numbe         | r      |            |  |  |
| Purpose of Disbursement   |             | 40201                           |                         | C                                      | 00044              | 0224       | 2             |        |            |  |  |
| 2026 Primary  |             |                                 | 011                     | C C00193342                            |                    |            |               |        |            |  |  |
| Candidate Name  |             |                                 |                         | Transaction ID : 211D0295790           |                    |            |               |        |            |  |  |
| McConnell, Mitch, , ,   |             |                                 | Category/<br>Type       | Amount of Each Disbursement this Perio |                    |            |               |        |            |  |  |
|   | ement For:  | 2026                            | ijhe                    |  |                    |            |               | 15     | 500.00     |  |  |
| 0   | Primary     | General                         |                         |  | _                  | -          | -             |        |            |  |  |
| President   | Other (spe  |                                 |                         |  |                    |            |               |        |            |  |  |
| State: KY District:   |             | - 31                            |                         | Me                                     | mo Ite             | em         |               |        |            |  |  |
| Full Name (Last, First, Middle Initial)   |             |                                 |                         | Date of                                | Dich               | uree       | mont          |        |            |  |  |
| Mike Kelly For Congress   |             |                                 |                         |  | ,                  |            |               | V      | Y Y        |  |  |
| Mailing Address PO Box 476  |             |                                 |                         | 12 <sup>M</sup>                        |                    | 06         |               | 202    |            |  |  |
| City  | State       | Zip Code                        |                         | FEC 14                                 | antific            | ation      | Numbe         | r      |            |  |  |
| Lyndora   | PA          | 16045                           |                         |  | <del>o</del> nullC | anon       | Pamper        | 1      |            |  |  |
| Purpose of Disbursement   |             |                                 |                         | C                                      | C004               | 7418       | 9             |        |            |  |  |
| 2024 Primary  |             |                                 | 011                     | Tra                                    | nsac               | tion       | ID : 344      | F4CD0  | 0C9        |  |  |
| Candidate Name  |             |                                 | Category/<br>Type       | Amount                                 | of Ea              | ach        | Disburse      | ement  | this Perio |  |  |
| Kelly, G. Mike, J., ,   |             |                                 |                         |  |                    |            |               | 1/     | 000.00     |  |  |
|   |             |                                 |                         | _                                      |                    | 1          | 000.00        |        |            |  |  |
| Senate Receident  |             | _                               |                         |  |                    |            |               |        |            |  |  |
| State: PA District: 16  | Other (spe  | ony) ▼                          |                         | Me                                     | mo Ite             | em         |               |        |            |  |  |
|   |             |                                 |                         |  |                    | -          |               | Δ      | 500.00     |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |             |                                 | ••••••                  |  | - 7                |            | - 7           | 4      |            |  |  |
| FOTAL This David (last page this line purchase of   |             |                                 |                         |  |                    |            |               |        |            |  |  |
| TOTAL This Period (last page this line number only  | y)          |                                 | ▶                       |  |                    |            |               |        |            |  |  |

|                       | CHEDULE B (FEC Form 3X)  | Use sepa                | arate schedule(s)               | FOR LINE<br>(check only |  |  |  |  |  |
|-----------------------|--|-------------------------|---------------------------------|-------------------------|--|--|--|--|--|
|                       | EMIZED DISBURSEMENTS   | for each                | category of the<br>Summary Page | 21b<br>28a              | 22         X         23         26         27           28b         28c         29         30b |  |  |  |  |
|                       | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                         |                                 |                         |  |  |  |  |  |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full)  |                         |                                 |                         |  |  |  |  |  |
|                       | GE HealthCare Technologies Inc.  | PAC                     |                                 |                         |  |  |  |  |  |
| Α.                    | Full Name (Last, First, Middle Initial)<br>Mike Thompson For Congress                                |                         | Date of Disbursement            |                         |  |  |  |  |  |
|                       | Mailing Address 5445 Madison Ave   |                         | 12 06 / Y Y Y Y<br>2023         |                         |  |  |  |  |  |
|                       | City<br>Sacramento   |                         | FEC Identification Number       |                         |  |  |  |  |  |
|                       | Purpose of Disbursement  | CA                      | 95841                           |                         | C C00326363  |  |  |  |  |
|                       | 2024 Primary   |                         |                                 | 011                     |  |  |  |  |  |
|                       | Candidate Name   |                         |                                 | Category/               | Transaction ID : BC3B233089I<br>Amount of Each Disbursement this Period                        |  |  |  |  |
|                       | Thompson, Michael, C., ,   |                         |                                 | Category/<br>Type       | Amount of Each Dispursement this reliou  |  |  |  |  |
|                       | Senate X   | ement For: 2<br>Primary | General                         |                         | 1000.00  |  |  |  |  |
|                       | State: CA District: 04   | Other (spe              | city) 🔻                         |                         | Memo Item  |  |  |  |  |
| _                     | Full Name (Last, First, Middle Initial)  |                         |                                 |                         |  |  |  |  |  |
| B.                    | Miller-Meeks For Congress  |                         | Date of Disbursement            |                         |  |  |  |  |  |
|                       | Mailing Address PO Box 33  |                         |                                 |                         | 07 31 2023   |  |  |  |  |
|                       | City   | State<br>IA             | Zip Code<br>52501               |                         | FEC Identification Number  |  |  |  |  |
|                       | Ottumwa Purpose of Disbursement  |                         | 0 0005550005                    |                         |  |  |  |  |  |
|                       | 2024 Primary   |                         |                                 | 011                     | C C00558825  |  |  |  |  |
|                       | Candidate Name   |                         |                                 |                         | Transaction ID : 502E7BB0C42   |  |  |  |  |
|                       | Miller-Meeks, Mariannette, Jane, ,   |                         |                                 | Category/<br>Type       | Amount of Each Disbursement this Period  |  |  |  |  |
|                       |  | ment For:               | 2024                            | 1,900                   | 1000.00  |  |  |  |  |
|                       |  | Primary                 | General                         |                         | 4  |  |  |  |  |
|                       | State: IA District: 01   | Other (spe              | cify)                           |                         | Memo Item  |  |  |  |  |
| с.                    | Full Name (Last, First, Middle Initial)  |                         |                                 |                         | Date of Disbursement   |  |  |  |  |
| 0.                    | Moore For Congress   |                         |                                 |                         |  |  |  |  |  |
|                       | Mailing Address PO Box 16646   |                         |                                 |                         | 12 / D D / Y Y Y Y<br>21 2023  |  |  |  |  |
|                       | City   | State                   | Zip Code                        |                         | FEC Identification Number  |  |  |  |  |
|                       | Milwaukee<br>Purpose of Disbursement   | WI                      | 53216                           |                         |  |  |  |  |  |
|                       |  |                         |                                 | 011                     | C C00397505  |  |  |  |  |
|                       | 2024 Primary<br>Candidate Name   |                         |                                 |                         | Transaction ID : D67DD3940A  |  |  |  |  |
|                       | Moore, Gwendolynne, Sophia, ,  |                         |                                 | Category/<br>Type       | Amount of Each Disbursement this Period  |  |  |  |  |
|                       | Office Sought: Y House Disburse  | iyhe                    | 1000.00                         |                         |  |  |  |  |  |
|                       | Senate   | Primary                 | General                         |                         |  |  |  |  |  |
|                       | President  |                         | Memo Item                       |                         |  |  |  |  |  |
| _                     | State: WI District: 04   |                         |                                 |                         |  |  |  |  |  |
| s                     | UBTOTAL of Disbursements This Page (optional).   |                         |                                 | ••••••                  | 3000.00  |  |  |  |  |
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| SCHEDULE B (FEC Form 3X)  |   |                                   | FOR LINI          | E NUMBER: PAGE 190 OF 198               |  |  |  |  |  |
|---|---|-----------------------------------|-------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |   | arate schedule(s) category of the | (check or         | lly one)                                |  |  |  |  |  |
|   |   | Summary Page                      | 211               |   |  |  |  |  |  |
|   |   |                                   | 288               |   |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |   |                                   |                   |   |  |  |  |  |  |
| GE HealthCare Technologies Inc.   | PAC   |                                   |                   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   | Date of Disbursement  |                                   |                   |   |  |  |  |  |  |
| A. Morgan Griffith For Congress   |   |                                   |                   |   |  |  |  |  |  |
| Mailing Address PO Box 361  | 07 / D D / Y Y Y Y<br>07 31 2023  |                                   |                   |   |  |  |  |  |  |
| City  | irristiansburg VA 24068<br>Irrpose of Disbursement  |                                   |                   |   |  |  |  |  |  |
| 0   |   |                                   |                   |   |  |  |  |  |  |
| 2024 Primary  |   |                                   |                   |   |  |  |  |  |  |
| Candidate Name  |   |                                   |                   | Transaction ID : 67AE9B79BE             |  |  |  |  |  |
|   |   |                                   | Category/         | Amount of Each Disbursement this Period |  |  |  |  |  |
|   | Griffith, H. Morgan, , ,     Type       Office Sought:     Y       House     Disbursement For: 2024 |                                   |                   |   |  |  |  |  |  |
| Senate  | Primary   | General                           |                   | 1000.00                                 |  |  |  |  |  |
| State: VA District: 09  | Other (spe  | cny) ▼                            |                   | Memo Item                               |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                                   |                   |   |  |  |  |  |  |
| <sup>B.</sup> Morgan Griffith For Congress  |   |                                   |                   | Date of Disbursement                    |  |  |  |  |  |
|   |   |                                   |                   | M M / D D / Y Y Y Y                     |  |  |  |  |  |
| Mailing Address PO Box 361  |   |                                   |                   | 10 11 2023                              |  |  |  |  |  |
| City  | State<br>VA   | Zip Code<br>24068                 |                   | FEC Identification Number               |  |  |  |  |  |
| Christiansburg<br>Purpose of Disbursement   |   |                                   |                   |   |  |  |  |  |  |
| 2024 Primary  |   |                                   | 011               | C C00477240                             |  |  |  |  |  |
| Candidate Name  |   |                                   | 0                 | Transaction ID : 5CE23F50A28            |  |  |  |  |  |
| Griffith, H. Morgan, , ,  |   |                                   | Category/<br>Type | Amount of Each Disbursement this Period |  |  |  |  |  |
|   | ement For:  | 2024                              | .)[               | 1000.00                                 |  |  |  |  |  |
|   | Primary   | General                           |                   | 45 45 46                                |  |  |  |  |  |
| President   | Other (spe  | cify)                             |                   |   |  |  |  |  |  |
| State: VA District: 09  | ]   |                                   |                   | Memo Item                               |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                                   |                   |   |  |  |  |  |  |
| C. Nevadans For Steven Horsford   |   |                                   |                   | Date of Disbursement                    |  |  |  |  |  |
| Mailing Address PO Box 336664   |   |                                   |                   | 12 06 2023                              |  |  |  |  |  |
| City  | State   | Zip Code                          |                   | EEC Identification Number               |  |  |  |  |  |
| North Las Vegas   | NV  | 89033                             |                   | FEC Identification Number               |  |  |  |  |  |
| Purpose of Disbursement   |   |                                   | _                 | C C00668228                             |  |  |  |  |  |
| 2024 Primary  |   |                                   | 011               | Transaction ID : 6D6DFCCD1              |  |  |  |  |  |
| Candidate Name  |   |                                   |                   |   |  |  |  |  |  |
| Horsford, Steven, Alexzander, ,   |   |                                   | Туре              | 1000.00                                 |  |  |  |  |  |
|   | ement For:  |                                   |                   |   |  |  |  |  |  |
| Senate Yresident  | Primary   | General                           |                   |   |  |  |  |  |  |
| State: NV District: 04  | Other (spe  | ciiy) ▼                           |                   | Memo Item                               |  |  |  |  |  |
|   |   |                                   |                   |   |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |   |                                   |                   | 3000.00                                 |  |  |  |  |  |
| CODICIAL OF DISDUISEMENTS THIS FAGE (OPLICITAL).  |   |                                   | •••••• •          |   |  |  |  |  |  |
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| SCHEDULE B (FEC Form 3X)  |   | arata askadula(s)                                    | - I  |                        | NUMBER: PAGE 191 OF 198  |  |  |  |  |
|---|---|--|------|------------------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each  | arate schedule(s)<br>category of the<br>Summary Page | (cl  | heck onl<br>21b<br>28a | 22 🗙 23 🗌 26 🗌 27  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |   |  |      |                        |  |  |  |  |  |
| GE HealthCare Technologies Inc.   | PAC   |  |      |                        |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) A. Pallone For Congress   | Date of Disbursement  |  |      |                        |  |  |  |  |  |
| Mailing Address PO Box 3176   | 07 31 Y Y Y Y Y Y<br>2023   |  |      |                        |  |  |  |  |  |
| City  | City State Zip Code<br>Long Branch NJ 07740   |  |      |                        |  |  |  |  |  |
| Purpose of Disbursement   |   |  |      |                        |  |  |  |  |  |
|   | 2024 Primary 011  |  |      |                        |  |  |  |  |  |
| Candidate Name  |   |  |      |                        |  |  |  |  |  |
| Pallone, Frank, , , Jr.   |   |  |      |                        |  |  |  |  |  |
| Office Sought: House Disburse<br>Senate X   |   | 3500.00  |      |                        |  |  |  |  |  |
| State: NJ District: 06  | Other (spe  | cify) ▼  |      |                        | Memo Item  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |  |      |                        |  |  |  |  |  |
| <sup>B.</sup> Pallone For Congress  |   |  |      |                        | Date of Disbursement   |  |  |  |  |
| Mailing Address PO Box 3176   |   |  |      |                        | 10 11 2023   |  |  |  |  |
| City<br>Long Branch   | Branch State Zip Code NJ 07740  |  |      |                        |  |  |  |  |  |
| Purpose of Disbursement   |   | 01140  |      |                        | C C00226928<br>Transaction ID : ED1F7463246<br>Amount of Each Disbursement this Period |  |  |  |  |
| 2024 General  |   |  | 0    | 11                     |  |  |  |  |  |
| Candidate Name  |   |  | Cate | egory/                 |  |  |  |  |  |
| Pallone, Frank, , , Jr.   |   |  |      | /pe                    |  |  |  |  |  |
|   | 1   | 2024   |      |                        | 1000.00  |  |  |  |  |
| Senate  | Primary   | General  |      |                        |  |  |  |  |  |
| State: NJ District: 06  | Other (spe  | city)  |      |                        | Memo Item  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |  |      |                        | Dete of Disburgement   |  |  |  |  |
| C. Paul Tonko For Congress  |   |  |      |                        | Date of Disbursement   |  |  |  |  |
| Mailing Address 911 CENTRAL AVENUE<br># 221   |   |  |      |                        | 10 11 2023   |  |  |  |  |
| City<br>ALBANY  | State<br>NY   | Zip Code<br>12206                                    |      |                        | FEC Identification Number  |  |  |  |  |
| Purpose of Disbursement   |   |  | _    | _                      | C C00450049  |  |  |  |  |
| 2024 Primary  |   |  | 0    | 11                     | Transaction ID : 6388FD65A7  |  |  |  |  |
| Candidate Name  | egory/  | Amount of Each Disbursement this Period              |      |                        |  |  |  |  |  |
| Tonko, Paul, David, ,   | Tonko, Paul, David, ,     Type       Office Sought:     X     House     Disbursement For: 2024       Senate     X     Primary     General |  |      |                        |  |  |  |  |  |
|   |   |  |      |                        |  |  |  |  |  |
| President   | Other (spe  |  |      |                        |  |  |  |  |  |
| State: NY District: 20  | ]   | <i>.,</i> *  |      |                        | Memo Item  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |   |  |      |                        | 5500.00  |  |  |  |  |
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| SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS  | for each                  | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE N<br>(check only<br>21b        | one)<br>22 X 23 26 27                   |  |  |  |  |
|---|---------------------------|--|---|---|--|--|--|--|
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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  | Pete Aguilar For Congress |  |   |   |  |  |  |  |
| Mailing Address PO Box 10954  |                           |  |   | 12 06 2023                              |  |  |  |  |
| City<br>San Bernardino  | State<br>CA               | Zip Code<br>92423                                    |   | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement   |                           |  |   | C C00510461                             |  |  |  |  |
| 2024 Primary  |                           |  | 011                                     | Transaction ID : BA40EED8C5             |  |  |  |  |
| Candidate Name  |                           | Category/  | Amount of Each Disbursement this Period |   |  |  |  |  |
| Aguilar, Peter, Ray, ,  |                           |  | Туре                                    | 1500.00                                 |  |  |  |  |
| Office Sought: House Disburse<br>Senate President   | Primary                   | General  |   | 1500.00                                 |  |  |  |  |
| State: CA District: 33  | Other (spe                | city) 🔻  |   | Memo Item                               |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                           |  |   |   |  |  |  |  |
| B. Richard E Neal For Congress Con  | mmittee                   |  |   | Date of Disbursement                    |  |  |  |  |
| Mailing Address 76 Magnolia Ter   |                           |  |   |   |  |  |  |  |
| City  | State                     | Zip Code   |   | FEC Identification Number               |  |  |  |  |
| Springfield   | MA                        | 01108  |   |   |  |  |  |  |
| Purpose of Disbursement   |                           |  | 011                                     | C C00226522                             |  |  |  |  |
| 2024 Primary<br>Candidate Name  |                           |  |   | Transaction ID : 0BD9AFA9CE             |  |  |  |  |
| Neal, Richard, Edmund, ,  |                           |  | Category/<br>Type                       | Amount of Each Disbursement this Period |  |  |  |  |
|   | ement For:                | 2024   | туре                                    | 1500.00                                 |  |  |  |  |
|   | Primary                   | General  |   |   |  |  |  |  |
| State: MA District: 01  | Other (spe                | cify)  |   | Memo Item                               |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                           |  |   |   |  |  |  |  |
| c. Richard E Neal For Congress Cor  | nmittee                   |  |   | Date of Disbursement                    |  |  |  |  |
|   |                           |  |   | M M / D D / Y Y Y                       |  |  |  |  |
| Mailing Address 76 Magnolia Ter   |                           |  |   | 12 06 2023                              |  |  |  |  |
| City  | State                     | Zip Code   |   | FEC Identification Number               |  |  |  |  |
| Springfield   | MA                        | 01108  |   |   |  |  |  |  |
| Purpose of Disbursement   |                           |  | 011                                     | C C00226522                             |  |  |  |  |
| 2024 Primary<br>Candidate Name  |                           |  |   | Transaction ID : 50C8245DE9             |  |  |  |  |
| Neal, Richard, Edmund, ,  | Category/<br>Type         | Amount of Each Disbursement this Period              |   |   |  |  |  |  |
|   |                           |  |   |   |  |  |  |  |
| Senate  | Primary                   | General  |   |   |  |  |  |  |
| President   |                           |  |   |   |  |  |  |  |
| State: MA District: 01  |                           |  |   | Memo Item                               |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |                           |  | ····· ►                                 | 4000.00                                 |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)                        |  | ••••••                                  | , ,                                     |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)              |                  |                  | DR L                                    | INE N      | NUMBER: PAGE 193 OF 198   |                           |           |             |          |      |             |    |
|--|---------------------------------------|------------------|------------------|---|------------|---|---------------------------|-----------|-------------|----------|------|-------------|----|
| ITEMIZED DISBURSEMENTS   | for each of                           | (cł              | (check only one) |   |            |   |                           | 07        |             |          |      |             |    |
|  |                                       | Summary Page     |                  |   | 21b<br>28a | 22<br>28b   | ×                         | 23<br>28c |             | 26<br>29 |      | 27<br>30b   |    |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the nar                                   |                                       |                  |                  | any                                     | persor     | n for the   |                           | oose (    |             | licitir  |      | ntributions |    |
| NAME OF COMMITTEE (In Full)  |                                       |                  |                  |   |            |   |                           |           |             |          |      |             |    |
| GE HealthCare Technologies Inc.  | PAC                                   |                  |                  |   |            |   |                           |           |             |          |      |             |    |
| <ul> <li>Full Name (Last, First, Middle Initial)</li> <li>A. Richard E Neal For Congress Comm<br/>Mailing Address 76 Magnolia Ter</li> </ul> | nittee                                | ee               |                  |   |            | Date of Disbursement  |                           |           |             |          |      |             |    |
| ,  | State                                 | Zip Code         |                  |   |            |   | FEC Identification Number |           |             |          |      |             |    |
| Springfield  | MA                                    | 01108            |                  |   |            | _   | -                         |           | -           |          | -    | -           |    |
| Purpose of Disbursement  |                                       |                  | 0                | 4.4                                     | ٦.         | C C00226522   |                           |           |             |          |      |             |    |
| 2024 Primary   |                                       |                  | 0                | 11                                      |            | Transaction ID : BBBF149AC3<br>Amount of Each Disbursement this P |                           |           | ACS         |          |      |             |    |
| Candidate Name   |                                       |                  | Cate             |   | //         |   |                           |           | this Period | d        |      |             |    |
| Neal, Richard, Edmund, ,   | аань Г                                | 001              | Ту               | /pe                                     |            |   |                           |           |             |          | 1    | 500.00      | ٦. |
| Senate<br>President  | ment For: 2<br>Primary<br>Other (spec | General          |                  |   |            | м   | emo                       | Item      |             | -9       |      | 000.00      |    |
| State: MA District: 01   |                                       |                  |                  |   |            |   |                           |           |             |          |      |             |    |
| Full Name (Last, First, Middle Initial)         B.       Scott Fitzgerald For Congress         Mailing Address       PO Box 484              |                                       | Date of 10       | _                | D                                       | _          | t<br>′ [  |                           | )23       |             |          |      |             |    |
|  | State                                 | Zip Code         |                  |   |            | FEC I   | dentif                    | icatio    | n Nu        | mbe      | r    |             |    |
| Oconomowoc   | WI                                    | 53066-0484       |                  |   |            |   |                           |           | -           |          |      | - T         |    |
| Purpose of Disbursement<br>2024 Primary  |                                       |                  | 0                | 11                                      | 11         | С   | C00                       | 7200      | 11          |          |      | _           |    |
| Candidate Name   | ne Categor                            |                  |                  |   | -1         | Transaction ID : C1667F6681D                                      |                           |           |             |          |      |             |    |
| Fitzgerald, Scott, L., ,   |                                       |                  |                  |   | //         | Amour   | nt of                     | Each      | Dist        | ourse    | ment | this Period | d  |
| -  | ment For: 2024                        |                  |                  | туре                                    |            | 1000.00   |                           |           | ٦.          |          |      |             |    |
| ° A  | Primary                               |                  |                  |   |            |   |                           |           |             |          |      |             |    |
| State: WI District: 05   | Other (spec                           | General<br>Sify) |                  |   |            | М   | emo                       | Item      |             |          |      |             |    |
| Full Name (Last, First, Middle Initial)  |                                       |                  |                  |   |            |   |                           |           |             |          |      |             |    |
| Scott Fitzgerald For Congress  |                                       |                  |                  |   |            |   | Date of Disbursement      |           |             |          |      |             |    |
| Mailing Address PO Box 484   |                                       |                  |                  |   |            | 12 06 2023  |                           |           |             |          |      |             |    |
| City   | State                                 | Zip Code         |                  |   |            |   | lonti                     | licatio   | n Ni        | mba      | r    |             |    |
| Oconomowoc   | WI                                    | 53066-0484       |                  |   |            | FEC I   | Jenili                    | icatio    |             | нье      | _    | _           |    |
| Purpose of Disbursement  |                                       |                  |                  | -                                       |            | C C00720011<br>Transaction ID : 7EB56E9C6C                        |                           |           |             |          |      |             |    |
| 2024 Primary   |                                       |                  | 0                | 11                                      |            |   |                           |           |             |          |      |             |    |
| Candidate Name   | Category/                             |                  |                  | Amount of Each Disbursement this Period |            |   | d                         |           |             |          |      |             |    |
| Fitzgerald, Scott, L., ,   |                                       |                  |                  |   |            | 1000.00   |                           |           | ٦.          |          |      |             |    |
| Office Sought: X House Disburse<br>Senate Yresident  | ment For: 2<br>Primary<br>Other (spec | General          |                  |   |            |   |                           |           | -           | -9-      |      | 000.00      |    |
| State: WI District: 05   | <b>, , , , , , , , , ,</b>            |                  |                  |   |            | M   | emo                       | item      |             |          |      |             |    |
| SUBTOTAL of Disbursements This Page (optional)   |                                       |                  |                  |   |            |   |                           | 7         |             | -y       |      | 3500.00     |    |

| SCHEDULE B (FEC Form 3X)  | llar -  | oroto onbedule (-)  | FOR LINE                  |  |  |  |  |  |  |
|---|---|---|---------------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each<br>Detailed                                | parate schedule(s)<br>a category of the<br>Summary Page                 | (check only<br>21b<br>28a | 22         X         23         26         27           28b         28c         29         30b |  |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na |   |   |                           |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |                           |  |  |  |  |  |  |
| GE HealthCare Technologies Inc  | . PAC   |   |                           |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |   |                           |  |  |  |  |  |  |
| A. Scott Peters For Congress  | Scott Peters For Congress                           |   |                           |  |  |  |  |  |  |
| Mailing Address PO Box 22074  |   |   |                           | 11 / 14 / 2023   |  |  |  |  |  |
| City<br>San Diego   | State<br>CA   | Zip Code<br>92192   |                           | FEC Identification Number  |  |  |  |  |  |
| Purpose of Disbursement   | 92192   |   |                           | <b>C</b> C00503110   |  |  |  |  |  |
| 2024 Primary  |   |   | 011                       | Transaction ID : 3F8D1705F14<br>Amount of Each Disbursement this Period                        |  |  |  |  |  |
| Candidate Name  |   |   | Category/                 |  |  |  |  |  |  |
| Peters, Scott, H., ,  |   |   | Туре                      |  |  |  |  |  |  |
| Office Sought: House Disburs<br>Senate President  | Senate Primary Ge                                   |   |                           | 1000.00  |  |  |  |  |  |
| State: CA District: 50  | Other (spe  | ecity) 🔻  |                           | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |   |                           |  |  |  |  |  |  |
| <sup>B.</sup> Shaheen For Senate  | Shaheen For Senate                                  |   |                           |  |  |  |  |  |  |
| Mailing Address PO Box 33079  | 10 / D D / Y Y Y Y<br>10 11 2023                    |   |                           |  |  |  |  |  |  |
| City  |   | FEC Identification Number   |                           |  |  |  |  |  |  |
| Purpose of Disbursement   | Washington   DC   20033     Purpose of Disbursement |   |                           |  |  |  |  |  |  |
| 2026 Primary  |   |   |                           |  |  |  |  |  |  |
| Candidate Name  | Category/   | Transaction ID : C0018D10EA(<br>Amount of Each Disbursement this Period |                           |  |  |  |  |  |  |
| Shaheen, Jeanne, , ,  | Туре  | 1500.00   |                           |  |  |  |  |  |  |
|   | ement For:  |   | 1500.00                   |  |  |  |  |  |  |
| Senate<br>President   | Primary<br>Other (spe                               | General   |                           | -  |  |  |  |  |  |
| State: NH District:   |   | selly)  |                           | Memo Item  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   | Full Name (Last, First, Middle Initial)             |   |                           |  |  |  |  |  |  |
| Steil For Wisconsin, Inc.   |   |   |                           | Date of Disbursement   |  |  |  |  |  |
| Mailing Address 1818 MILTON AVE<br># 1448   |   | 11 14 2023  |                           |  |  |  |  |  |  |
| City  | State   | Zip Code  |                           | FEC Identification Number  |  |  |  |  |  |
| JANESVILLE Purpose of Disbursement  | JANESVILLE WI 53545-1129                            |   |                           |  |  |  |  |  |  |
| 2024 Primary  | 011   | C C00677286   |                           |  |  |  |  |  |  |
| Candidate Name  | Category/   | Transaction ID : 9536C3EB93<br>Amount of Each Disbursement this Period  |                           |  |  |  |  |  |  |
| Steil, Bryan, G., ,   | Type  | Amount of Each Disburschient this Feriod                                |                           |  |  |  |  |  |  |
| Office Sought: X House Disburs  |   | 2000.00   |                           |  |  |  |  |  |  |
| Senate  | Primary   | General   |                           |  |  |  |  |  |  |
| State: WI District: 01  | Other (spe  | ecify) 🔻  |                           | Memo Item  |  |  |  |  |  |
| State: WI District: 01  |   |   |                           |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |   | ····· ►                   | 4500.00  |  |  |  |  |  |
| TOTAL This Period (last page this line number onl   | y)  |   | <b></b>                   |  |  |  |  |  |  |

|                        | CHEDULE B (FEC Form 3X)  |  | arata appadula(-)                                    | FOR LINE I                             |  |  |  |
|------------------------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS |  | for each   | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a              | one)<br>22 X 23 26 27<br>28b 28c 29 30b  |  |  |
|                        | y information copied from such Reports and State<br>for commercial purposes, other than using the na |  |  |  |  |  |  |
| $\setminus$            | NAME OF COMMITTEE (In Full)  |  |  |  |  |  |  |
|                        | GE HealthCare Technologies Inc.  | PAC  |  |  |  |  |  |
| <u>~</u>               | Full Name (Last, First, Middle Initial)  |  |  |  | Data of Disburgament   |  |  |
| Α.                     | Tammy Baldwin For Senate   |  |  |  | Date of Disbursement   |  |  |
|                        | Mailing Address PO Box 696   | 12 19 2023   |  |  |  |  |  |
|                        | City<br>Madison  | State<br>WI  | Zip Code<br>53701                                    |  | FEC Identification Number  |  |  |
|                        | Purpose of Disbursement  |  |  |  | C C00326801  |  |  |
|                        | 2024 Primary   |  |  | 011                                    | Transaction ID : 2B56749FE35   |  |  |
|                        | Candidate Name   |  |  | Category/                              | Amount of Each Disbursement this Period  |  |  |
|                        | Baldwin, Tammy, S., ,  |  |  | Туре                                   |  |  |  |
|                        | Office Sought:     House     Disburse       X     Senate     X       President     X                 | ement For:<br>Primary<br>Other (spe                                | General  |  | 1000.00  |  |  |
|                        | State: WI District:  | Other (spe   | city) 🔻  |  | Memo Item  |  |  |
| _                      | Full Name (Last, First, Middle Initial)  |  |  |  |  |  |  |
| B.                     | Terri Sewell For Congress  |  | Date of Disbursement                                 |  |  |  |  |
|                        | Mailing Address PO Box 1964  | 10 11 2023   |  |  |  |  |  |
|                        | City   | State  | Zip Code   |  | FEC Identification Number  |  |  |
|                        | Birmingham Purpose of Disbursement   | AL   | 35201  |  | 0 000 (500 70  |  |  |
|                        | 2024 Primary   |  |  | 011                                    | C C00458976<br>Transaction ID : EB3541A896E<br>Amount of Each Disbursement this Period |  |  |
|                        | Candidate Name   |  |  | Category/                              |  |  |  |
|                        | Sewell, Terrycina, Andrea, ,   |  | Type   | Amount of Each Disbursement this renou |  |  |  |
|                        | Office Sought: House Disburse  |  | 1500.00  |  |  |  |  |
|                        |  | Senate     Primary     General       President     Other (specify) |  |  |  |  |  |
|                        | State: AL District: 07   | Other (spe   | city)  |  | Memo Item  |  |  |
| с.                     | Full Name (Last, First, Middle Initial)  |  |  |  |  |  |  |
| 0.                     | Terri Sewell For Congress  | Date of Disbursement   |  |  |  |  |  |
|                        | Mailing Address PO Box 1964  |  |  |  | 12<br>06<br>2023   |  |  |
|                        | City   | State  | Zip Code   |  | FEC Identification Number  |  |  |
|                        | Birmingham   | irmingham AL 35201   |  |  |  |  |  |
|                        | Purpose of Disbursement  |  |  | 011                                    | C C00458976  |  |  |
|                        | 2024 Primary<br>Candidate Name   |  | 011  | Transaction ID : 20F8D41973            |  |  |  |
|                        | Sewell, Terrycina, Andrea, ,   | Category/<br>Type  | Amount of Each Disbursement this Period              |  |  |  |  |
|                        |  | ement For:   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,              | 1500.00                                |  |  |  |
|                        | Senate   |  |  |  |  |  |  |
|                        | President  | Other (spe   | cify) 🔻  |  | Memo Item  |  |  |
| _                      | State: AL District: 07   |  |  |  |  |  |  |
| s                      | UBTOTAL of Disbursements This Page (optional).   |  |  | ······ •                               | 4000.00  |  |  |
| Т                      | OTAL This Period (last page this line number only  | /)   |  | ····· ►                                |  |  |  |

|                        | CHEDULE B (FEC Form 3X)  | Use sen:                             | arate schedule(s)                       | FOR LINE I                |  |  |  |  |
|------------------------|--|--------------------------------------|---|---------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS |  | for each                             | category of the<br>Summary Page         | (check only<br>21b<br>28a | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                   |  |  |  |
|                        | y information copied from such Reports and State<br>for commercial purposes, other than using the national states of the states of |                                      |   |                           |  |  |  |  |
| $\backslash$           | NAME OF COMMITTEE (In Full)  |                                      |   |                           |  |  |  |  |
|                        | GE HealthCare Technologies Inc.  | PAC                                  |   |                           |  |  |  |  |
| <u>د</u>               | Full Name (Last, First, Middle Initial)  |                                      | Date of Disbursement                    |                           |  |  |  |  |
| Λ.                     | Thom Tillis Committee  |                                      |   |                           |  |  |  |  |
|                        | Mailing Address PO Box 97396   | 12 06 2023                           |   |                           |  |  |  |  |
|                        | City<br>Raleigh  | State<br>NC                          | Zip Code<br>27624                       |                           | FEC Identification Number  |  |  |  |
|                        | Purpose of Disbursement  |                                      |   |                           | C C00545772  |  |  |  |
|                        | 2026 Primary   |                                      |   | 011                       | Transaction ID : 384E9F86864   |  |  |  |
|                        | Candidate Name   |                                      |   | Category/                 | Amount of Each Disbursement this Period                                  |  |  |  |
|                        | Tillis, Thomas, Roland, ,  |                                      |   | Туре                      | 1500.00  |  |  |  |
|                        | Office Sought: House Disburse<br>Senate President  | ment For: 2<br>Primary<br>Other (spe | General                                 |                           |  |  |  |  |
|                        | State: NC District:  |                                      | 2, 1                                    |                           | Memo Item  |  |  |  |
|                        | Full Name (Last, First, Middle Initial)  |                                      |   |                           |  |  |  |  |
| В.                     | Tony Cardenas For Congress   |                                      | Date of Disbursement                    |                           |  |  |  |  |
|                        | Mailing Address 122 C St NW<br>Ste 360   |                                      | 10 11 2023                              |                           |  |  |  |  |
|                        | 5  | State<br>DC                          | Zip Code                                |                           | FEC Identification Number  |  |  |  |
|                        | Washington Purpose of Disbursement   | DC                                   | 20001                                   |                           | <b>C</b> C00498873   |  |  |  |
|                        | 2024 Primary   |                                      |   | 011                       |  |  |  |  |
|                        | Candidate Name   |                                      |   |                           | Transaction ID : 69394535F38!<br>Amount of Each Disbursement this Period |  |  |  |
|                        | Cardenas, Tony, , ,  | Category/<br>Type                    |   |                           |  |  |  |  |
|                        | Office Sought: House Disburse  | -<br>                                |   | 1000.00                   |  |  |  |  |
|                        | Senate Yresident   | Primary General Other (specify)      |   |                           |  |  |  |  |
|                        | State: CA District: 29   | Other (spe                           | city)                                   |                           | Memo Item  |  |  |  |
| ~                      | Full Name (Last, First, Middle Initial)  |                                      |   |                           | Date of Diskurgement   |  |  |  |
| C.                     | Wenstrup For Congress  |                                      | Date of Disbursement                    |                           |  |  |  |  |
|                        | Mailing Address PO Box 9551  |                                      |   |                           | 07 / D D / Y Y Y Y<br>2023   |  |  |  |
|                        | City   | State                                | Zip Code                                |                           | FEC Identification Number  |  |  |  |
|                        | Cincinnati   | OH                                   | 45209-0551                              |                           |  |  |  |  |
|                        | Purpose of Disbursement  |                                      |   | 011                       | C C00497818  |  |  |  |
|                        | 2024 Primary<br>Candidate Name   | 011                                  | Transaction ID : 9300B8BA70             |                           |  |  |  |  |
|                        | Wenstrup, Brad, R., ,  | Category/<br>Type                    | Amount of Each Disbursement this Period |                           |  |  |  |  |
|                        | •  | ment For:                            | ment For: 2024                          |                           | 1000.00  |  |  |  |
|                        | Senate   |                                      |   |                           |  |  |  |  |
|                        | President  | Other (spe                           | cify) 🔻                                 |                           | Memo Item  |  |  |  |
| _                      | State: OH District: 02   |                                      |   |                           | L-1  |  |  |  |
| s                      | UBTOTAL of Disbursements This Page (optional).   |                                      |   | ••••••                    | 3500.00  |  |  |  |
| Т                      | OTAL This Period (last page this line number only  | )                                    |   | ····· ►                   | 65500.00   |  |  |  |

| SCHEDULE B (FEC Form 3X)   |                               |  | FOR LINE NUMBER: PAGE 197 OF 198 |   |  |  |  |  |
|--|-------------------------------|--|----------------------------------|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each                      | Use separate schedule(s)<br>for each category of the |                                  | y one)<br>22 23 26 27                   |  |  |  |  |
|  |                               | Summary Page   | 21b<br>X 28a                     | 22 23 20 27<br>28b 28c 29 30b           |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |                               |  |                                  |   |  |  |  |  |
| GE HealthCare Technologies Ind   | . PAC                         |  |                                  |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |                               |  |                                  | Date of Disbursement                    |  |  |  |  |
| <b>A</b> Rapp, James, P, ,   |                               |  |                                  | M M / D D / Y Y Y Y                     |  |  |  |  |
| Mailing Address 500 West Monroe Street   | 12 06 2023                    |  |                                  |   |  |  |  |  |
| City   | State                         | Zip Code   |                                  | FEC Identification Number               |  |  |  |  |
| Chicago Purpose of Disbursement  | IL                            | 60661  |                                  |   |  |  |  |  |
| •  |                               |  | 010                              | С                                       |  |  |  |  |
| Refund of PAC Contributions Candidate Name   |                               |  |                                  | Transaction ID : 9E090470667            |  |  |  |  |
|  |                               |  | Category/<br>Type                | Amount of Each Disbursement this Period |  |  |  |  |
|  | sement For:                   |  |                                  | 174.00                                  |  |  |  |  |
| Senate<br>President  | Other (spc                    | General  |                                  |   |  |  |  |  |
| State: District:   | Other (spe                    | ecity) 🔻   |                                  | Memo Item                               |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |                               |  |                                  |   |  |  |  |  |
| В.   | Date of Disbursement          |  |                                  |   |  |  |  |  |
| Mailing Address  | M = M / D = D / Y = Y = Y = Y |  |                                  |   |  |  |  |  |
|  |                               |  |                                  |   |  |  |  |  |
| City   | State                         | Zip Code   |                                  | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement  |                               | С  |                                  |   |  |  |  |  |
|  |                               |  |                                  |   |  |  |  |  |
| Candidate Name   |                               |  | Category/<br>Type                | Amount of Each Disbursement this Period |  |  |  |  |
| Office Sought: House Disbursement For:<br>Senate Primary Ger   |                               |  | туре                             |   |  |  |  |  |
|  |                               |  |                                  |   |  |  |  |  |
| President  | Other (spe                    | ecify)   |                                  | Memo Item                               |  |  |  |  |
| State: District:<br>Full Name (Last, First, Middle Initial)  |                               |  |                                  | —                                       |  |  |  |  |
| C.   | Date of Disbursement          |  |                                  |   |  |  |  |  |
|  |                               |  |                                  | M M / D D / Y Y Y Y                     |  |  |  |  |
| Mailing Address  |                               |  |                                  |   |  |  |  |  |
| City   | State                         | Zip Code   |                                  | FEC Identification Number               |  |  |  |  |
| Purpose of Disbursement  |                               | С  |                                  |   |  |  |  |  |
|  |                               |  |                                  |   |  |  |  |  |
| Candidate Name   | Category/<br>Type             | Amount of Each Disbursement this Period              |                                  |   |  |  |  |  |
|  | sement For:                   |  |                                  |   |  |  |  |  |
| Senate   | Primary                       | General  |                                  |   |  |  |  |  |
| State: District:   | Other (spe                    | ecify) 🔻   |                                  | Memo Item                               |  |  |  |  |
| State: District:   |                               |  |                                  |   |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optiona   | l)                            |  | ••••••                           | 174.00                                  |  |  |  |  |
|  |                               |  |                                  | 174.00                                  |  |  |  |  |
| TOTAL This Period (last page this line number or   | ıly)                          |  | ••••••                           | 174.00                                  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS   | for each               | parate schedule(s)<br>category of the<br>Summary Page | FOR LINE<br>(check only<br>21b<br>28a |  |  |  |
|--|------------------------|---|---------------------------------------|--|--|--|
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the | atements may           | not be sold or use                                    | ed by any perso                       | on for the purpose of soliciting contributions                               |  |  |
| NAME OF COMMITTEE (In Full)  |                        |   |                                       |  |  |  |
| GE HealthCare Technologies Ind   | c. PAC                 |   |                                       |  |  |  |
| Full Name (Last, First, Middle Initial) A. Friends of Rachael Cabral Guevar                          | а                      |   |                                       | Date of Disbursement   |  |  |
| Mailing Address 190 River Island Court   |                        |   |                                       | 10 11 2023   |  |  |
| City<br>Appleton   | State<br>WI            | Zip Code<br>54914                                     |                                       | FEC Identification Number  |  |  |
| Purpose of Disbursement Nonfederal Contribution  |                        |   | 011                                   | C<br>Transaction ID : 089B0111E73<br>Amount of Each Disbursement this Period |  |  |
| Candidate Name   |                        |   | Category/<br>Type                     |  |  |  |
| Senate   | Primary                | General   | Type                                  | 2000.00  |  |  |
| State: District:   | Other (spe             | ecity) 🔻  |                                       | Memo Item  |  |  |
| Full Name (Last, First, Middle Initial)<br>B.  |                        |   |                                       |  |  |  |
| Mailing Address  |                        |   |                                       |  |  |  |
| City   | State                  | Zip Code  |                                       | FEC Identification Number  |  |  |
| Purpose of Disbursement  |                        |   | · · · ]                               | C  |  |  |
| Candidate Name   | Category/<br>Type      | Amount of Each Disbursement this Period               |                                       |  |  |  |
| Office Sought: House Disbur  | sement For:<br>Primary | General   |                                       |  |  |  |
| State: District:   | Other (spe             | ecify)  |                                       | Memo Item  |  |  |
| Full Name (Last, First, Middle Initial)  |                        | Date of Disbursement                                  |                                       |  |  |  |
| Mailing Address  |                        |   |                                       |  |  |  |
| City   | State                  | Zip Code  |                                       | FEC Identification Number  |  |  |
| Purpose of Disbursement  | · · · ]                | C   |                                       |  |  |  |
| Candidate Name   | Category/<br>Type      | Amount of Each Disbursement this Period               |                                       |  |  |  |
| Office Sought: House Disbur  | sement For:<br>Primary |   |                                       |  |  |  |
| State: District:   | Other (spe             | ecify) ▼  |                                       | Memo Item  |  |  |
| SUBTOTAL of Disbursements This Page (optiona   | l)                     |   | ····· ►                               | 2000.00  |  |  |
| TOTAL This Period (last page this line number of   | nly)                   |   | ····· ►                               | 2000.00  |  |  |