

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 326 OF 759  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

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

**A. Johnson, Travis, B., ,**

Mailing Address 300 E. Randolph St.

City  
ChicagoState  
ILZip Code  
60601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service CorporationOccupation (for Individual)  
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

**Transaction ID : 0966E210AD934ED18EC0**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Johnson, Travis, B., ,**

Mailing Address 300 E. Randolph St.

City  
ChicagoState  
ILZip Code  
60601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service CorporationOccupation (for Individual)  
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

**Transaction ID : 8B72149FF2544C79B7F8**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Johnson, Travis, B., ,**

Mailing Address 300 E. Randolph St.

City  
ChicagoState  
ILZip Code  
60601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service CorporationOccupation (for Individual)  
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

**Transaction ID : 6A75377EDD1D4C37B513**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

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