

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 759

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : D7ABAB446CE14F73B514

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
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : 4D343E30AC224223AD3D

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
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : C7E77D6419E9429E8C3B

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)..... ►