



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="428927.05"/>	<input type="text" value="428927.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="359178.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42528.30"/>	<input type="text" value="130869.43"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="401706.48"/>	<input type="text" value="559796.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="80000.00"/>	<input type="text" value="238090.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="321706.48"/>	<input type="text" value="321706.48"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29049.73	65754.94
(ii) Unitemized .....	13478.57	65114.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42528.30	130869.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42528.30	130869.43
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42528.30	130869.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42528.30	130869.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	149000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	31000.00	89090.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80000.00	238090.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80000.00	238090.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42528.30	130869.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42528.30	130869.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Traci Adcock**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir-SSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : BBF15A25CD1F4087B1EE**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. Leslie N. Adkins**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : 8034CCDBFB7B46F6B9C7**

Amount of Each Receipt this Period  
 45.00

Memo Item

**C. Leslie N. Adkins**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : 5BE67D4EAC114C76BE2B**

Amount of Each Receipt this Period  
 45.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Cynthia Kaye Al-Aghbary**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Exec Dir Govt Prog Clinical Op  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : F0F6A53ED8AD42A09335**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**B. Richard Allegretti**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Mktg Strategy & Bus Dev  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 6F024BDFDC134E178AE3**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Richard Allegretti**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Mktg Strategy & Bus Dev  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 010CCED66D18483DA6AA**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Linda L. Amburn**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : CC1B607DA70A46A7B15F**

Amount of Each Receipt this Period **115.00**

Memo Item

**B. Linda L. Amburn**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : EA3C3288394445DDB2EA**

Amount of Each Receipt this Period **115.00**

Memo Item

**C. Michael Gary Apolskis**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DVP Regul Monitor & Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 979AE2CDC2664B2A92F9**

Amount of Each Receipt this Period **70.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Karen M. Atwood**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : 5899CAC0DE0D40BC9364**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Karen M. Atwood**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 624EF6527AD64E059EA6**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**C. Brenda L. Bailey**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sub Svcs Div SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : DF601E255D474DD4BF13**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Brenda L. Bailey**

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 Health Care Service Corporation Occupation Sub Svcs Div SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 3E752C4515724FE084FE**

Amount of Each Receipt this Period  
**115.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ronald J. Balsewich**

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 Health Care Service Corporation Occupation VP-Corporate Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 79F6BD15FB734572A712**

Amount of Each Receipt this Period  
**60.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ronald J. Balsewich**

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 Health Care Service Corporation Occupation VP-Corporate Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 45821E4ED11547F4BC1E**

Amount of Each Receipt this Period  
**60.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **235.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Gregory Keith Barnes**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP TX Key Govt and Comrc'l Acct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 4427F712F00149498719**

Amount of Each Receipt this Period 115.00

Memo Item

**B. Gregory Keith Barnes**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP TX Key Govt and Comrc'l Acct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : ACCD5533DE484ED8A10A**

Amount of Each Receipt this Period 115.00

Memo Item

**C. Erin K. Barney**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Plan Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : AEC83A7770A64D95B1CB**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Erin K. Barney**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Plan Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 80F1853F7B3943DCB11F**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**B. Jeffrey W Barrett**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Sales Dearborn National  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : C39FD6EEB4B248EEB85B**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Jeffrey W Barrett**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Sales Dearborn National  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 7B2CC703AA45458FA9CC**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Ethan Samuel Baumfeld**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Regulatory Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 2EAC6EA179374C219EEF**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**B. Ethan Samuel Baumfeld**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Regulatory Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : FB5ADFF703E54E99A918**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**C. Darrell D. Beckett**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sales & Marketing TX DSVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 7865626701924B78AC3C**

Amount of Each Receipt this Period  
**115.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Darrell D. Beckett**

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 Health Care Service Corporation Occupation Sales & Marketing TX DSVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : B75B600C4D9B47269802**

Amount of Each Receipt this Period **115.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Gregory Benesh**

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 Health Care Service Corporation Occupation Pres & CEO Dearborn National

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : D5D20C2AD19D4EAE8C97**

Amount of Each Receipt this Period **115.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Gregory Benesh**

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 Health Care Service Corporation Occupation Pres & CEO Dearborn National

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : C09C42323F2F4D518B35**

Amount of Each Receipt this Period **115.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **345.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Steve Betts**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : EC1A7F4EA1EF4E2C98C5**

Amount of Each Receipt this Period 192.00

Memo Item

**B. Steve Betts**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : EF500B16648641EC9F3A**

Amount of Each Receipt this Period 192.00

Memo Item

**C. Beverly Binkowski**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DVP OK Govt Rel & Public Aff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 3444C8AA2F8544C68081**

Amount of Each Receipt this Period 70.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 454.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 120  
(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**

**A. Beverly Binkowski**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP OK Govt Rel & Public Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 595033A5FD7345E39128**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Jackson L. Boen**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sub Svcs Div SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 27F0A06D99BA4684BCE0**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Jackson L. Boen**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sub Svcs Div SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : E27510FF45474B7987F5**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 120  
(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**

**A. Nancy E. Bond**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP SSD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : FBF2DBE7EDD54524857F**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Nancy E. Bond**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP SSD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 2884BAE7FB5A4AF2859B**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Deanne Braksator**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Product Dev & Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 077A61B3BC174EC0B40C**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. James R. Brown**

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 Health Care Service Corporation Occupation DVP Sales Delivery Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 1C7C6A72215248EDAFE2**

Amount of Each Receipt this Period **35.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Elevene M. Bryant**

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 25FAFBF5D4334858A290**

Amount of Each Receipt this Period **45.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Elevene M. Bryant**

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 2D59DE6489734740A35D**

Amount of Each Receipt this Period **45.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 120
<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**

**A. Christopher W. Buley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP Government Programs Course  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : F7DFBBA4663841EDA341**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**B. Christopher W. Buley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP Government Programs Course  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : AE5192BA62D14213886B**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Mary J. Burfeind**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP-Corporate Human Resources  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 0436A7E0980F4634B940**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Mary J. Burfeind**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP-Corporate Human Resources  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 50711EFF7F3E40E389E4**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Kelly H. Butler**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Chief of Staff Texas Division  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 51292BD43C0E4FD6B1F8**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**C. Kelly H. Butler**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Chief of Staff Texas Division  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : AFB66EBDA8264E198812**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **255.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Theresa A. Calderon**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Underwriting TX  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : DA7AE7A8C0794075ACD2**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Theresa A. Calderon**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Underwriting TX  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : D8378DD7451048DF9CC6**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. John Cannon**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation EVP & Chief Admin Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : B381E1917C5144F4AA01**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **282.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. John Cannon**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation EVP & Chief Admin Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 0C3343D5D1E6489DBEA1**

Amount of Each Receipt this Period 192.00

Memo Item

**B. Justin M. Capp**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Sales Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 500ACAB4D17D4C0A9875**

Amount of Each Receipt this Period 85.00

Memo Item

**c. Justin M. Capp**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Sales Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 74890419DE6F450381E9**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 362.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Vincent Carter**

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 Health Care Service Corporation Occupation Dir Procurement Contract

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 9BC131E8B5A94BE294F7**

Amount of Each Receipt this Period  
**50.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Vincent Carter**

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 Health Care Service Corporation Occupation Dir Procurement Contract

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : E6E253FEF931426C9491**

Amount of Each Receipt this Period  
**50.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kevin M. Cassidy**

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 Health Care Service Corporation Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : A5FA5FA38DAC4629A64E**

Amount of Each Receipt this Period  
**192.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>292.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Kevin M. Cassidy**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : B94758CFCC3541C58EB6**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Kristin E. Conley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Customer Lifecycle Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : A60BAA967C454C98839D**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Kristin E. Conley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Customer Lifecycle Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 000FD9D4610441E9A164**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>362.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Steven M. Cooley**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Exec Dir Mkt Research&Analytic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 3A06B4E3025B424DAE9F**

Amount of Each Receipt this Period 45.00

Memo Item

**B. Steven M. Cooley**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Exec Dir Mkt Research&Analytic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 92395E4CB96348158856**

Amount of Each Receipt this Period 45.00

Memo Item

**C. Francis G. Cote**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Montana Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 199508DD2FE04BAC84D8**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Francis G. Cote**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Montana Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 086078B51D144D219E37**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

**B. Joseph Robert Cunningham**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP & Chief Medical Officer-OK  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 740C9D6A108B466FB72D**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Joseph Robert Cunningham**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP & Chief Medical Officer-OK  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : A66F2EA7749948EBA7A8**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **315.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Ellen Dalton**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir Underwriting Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 830CEEFE365447C7AFDC**

Amount of Each Receipt this Period 35.00

Memo Item

**B. Gregory B. Davis**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Actuary III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : FBA14D49816242A1B84D**

Amount of Each Receipt this Period 35.00

Memo Item

**C. Carolyn L. Dawson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP Enterprise Hlth Care Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 3D38033B9D734BD98157**

Amount of Each Receipt this Period 192.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 262.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Carolyn L. Dawson**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP Enterprise Hlth Care Mgmt  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : C27E4E8087974B3F93F3**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Jose J. De La Rosa**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sr Dir Corporate Strategy  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : F2AAD90BBA8949D58102**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**C. Bryan A. Doerstling**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP SSD  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4DBAE992363B44FEB1B0**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>272.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Bryan A. Doerstling**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP SSD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : A45C81C0803E4EDF86CF**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Mary Theresa Doyle**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP&Chief Govt Relations Off  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 3148855328684EB9928A**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**c. Mary Theresa Doyle**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP&Chief Govt Relations Off  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 848F6D2D64134325A6FC**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>429.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. James Dufek</b>			Date of Receipt MM / DD / YYYY 03 / 04 / 2016 <b>Transaction ID : 20F9190731A54DF3AFEF</b>		
Mailing Address 300 E. Randolph St			Amount of Each Receipt this Period 45.00		
City Chicago	State IL	Zip Code 60601	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 270.00			
Name of Employer Health Care Service Corporation		Occupation VP SSD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>B. James Dufek</b>			Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 0100CFA8FC1E4552877C</b>		
Mailing Address 300 E. Randolph St			Amount of Each Receipt this Period 45.00		
City Chicago	State IL	Zip Code 60601	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 270.00			
Name of Employer Health Care Service Corporation		Occupation VP SSD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>C. Patricia Escoe</b>			Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 16E0A0DEABCC4D60A96F</b>		
Mailing Address 300 E. Randolph St			Amount of Each Receipt this Period 35.00		
City Chicago	State IL	Zip Code 60601	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00			
Name of Employer Health Care Service Corp.		Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Joel M. Farran**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1821.42

Date of Receipt 03 / 04 / 2016  
**Transaction ID : E5AFBA51F24841C1B47E**

Amount of Each Receipt this Period 303.57

Memo Item

**B. Joel M. Farran**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1821.42

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 3A1F8DFC019246AFB366**

Amount of Each Receipt this Period 303.57

Memo Item

**C. Julie Faulhaber**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Enterprise Medicaid

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 503F5053A2F84C85AEDF**

Amount of Each Receipt this Period 115.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 722.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 120
<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**

**A. Julie Faulhaber**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Enterprise Medicaid  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 82CC26BD38CA46749D80**  
Amount of Each Receipt this Period 115.00  
 Memo Item

**B. Jill S. Firch**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Individual Mkt Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 52B6DB63C7AD490BAA4B**  
Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Jill S. Firch**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Individual Mkt Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 9B79EBA2CC5D4F83B025**  
Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Matthew Christian Fontana**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP & Chief Med Officer Pharmacy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : FBF10E8FB3EA42148D75**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Matthew Christian Fontana**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP & Chief Med Officer Pharmacy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : EB47A21F932E4347A94D**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Michael E. Frank**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation President MT Division  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 39F7B8277DBE406BB0B8**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **422.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael E. Frank**

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 Health Care Service Corporation Occupation President MT Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 24793E8400FF4DDCB685**

Amount of Each Receipt this Period **192.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Thomas C. Frock**

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 Health Care Service Corporation Occupation Exec Dir HR Strategic Bus Part

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : F3253E3186DD4C82A86D**

Amount of Each Receipt this Period **70.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Thomas C. Frock**

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 Health Care Service Corporation Occupation Exec Dir HR Strategic Bus Part

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 5E842656A9934E16A5CE**

Amount of Each Receipt this Period **70.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **332.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Deborah Gage**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1248.00**

Date of Receipt **03 / 15 / 2016**  
**Transaction ID : 04BB9F548B204BE184FD**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Deborah Gage**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1248.00**

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : B958500EEA754E668600**  
Amount of Each Receipt this Period **208.00**  
 Memo Item

**C. Ian G. Galton**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Health Care Mgmt Counsel  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4417A44E91944819AFD4**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **461.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Ian G. Galton**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Health Care Mgmt Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 9263091E079549458A2D**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Donna Gerber**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP IL Strat & Comm Investments  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : E3D499862E4A443BBED**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Donna Gerber**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP IL Strat & Comm Investments  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 0FC EE8068AC04E5784CB**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Tami Geroski**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : E2093B56C6BE4BBD8A69**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. John P. Gleason**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP & Chief of Staff to CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : CCBB8B8A7CB943E3803D**

Amount of Each Receipt this Period  
 192.00

Memo Item

**C. John P. Gleason**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP & Chief of Staff to CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : 5BA0C9A545F14FFFBF14**

Amount of Each Receipt this Period  
 192.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	419.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Joshua Goldberg**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Exec Dir Hlth Policy Priv Mkts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 0E600ACD6474471591FF**

Amount of Each Receipt this Period  
**35.00**

Memo Item

**B. James David Goodson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Enterprise Medicare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 9251F3CE4C53466BBC8B**

Amount of Each Receipt this Period  
**60.00**

Memo Item

**C. James David Goodson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Enterprise Medicare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : DC239A08EEB24E9C858B**

Amount of Each Receipt this Period  
**60.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. William Haggett**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 33E98724F46C4B82A7AC**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. William Haggett**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 651AFBFE6A50420296F8**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Paul Hain**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sr Medical Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : CE3D54A51F8444989461**  
Amount of Each Receipt this Period **60.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Paul Hain**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sr Medical Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 360.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : BB0F8D07303D4471A22C**  
Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Steven R Hamlin**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Exec Dir Sales Strategy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : CBCE48A5A081401BB9D2**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Steven R Hamlin**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Exec Dir Sales Strategy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 2CD44EA91D3E4D1DAC39**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Stephen F. Hamman**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 27F01A3903D84E6E8139**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Stephen F. Hamman**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 1BF8B2F49C814CEB8D82**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Kimberly Hatchett**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Retail Market Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 5870426D56BD46D5A73E**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>429.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Kimberly Hatchett**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Retail Market Operations  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 270.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 3DE69F0ADBA945E6A507**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Dean C. Haverkamp**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Lead Systems Architect Consult  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 240.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : CD48CC5606324A8798B4**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Michael Ted Haynes**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation President OK Division  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1152.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : D67C4BF25B3B446D8AAC**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 277.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael Ted Haynes**

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 Health Care Service Corporation Occupation President OK Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : EAED10B0422E4E198617**

Amount of Each Receipt this Period **192.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Kathryn E. Hedke**

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 Health Care Service Corporation Occupation Actuary III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : A12C4450C88C4B0BBF7C**

Amount of Each Receipt this Period **35.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Peter A. Hellstrom**

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 Health Care Service Corporation Occupation VP Underwriting IL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : B5FB75A8662D415B9748**

Amount of Each Receipt this Period **45.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **272.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Peter A. Hellstrom**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Underwriting IL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 41A48A98AF484DD9812A**

Amount of Each Receipt this Period  
 45.00

Memo Item

**B. James Warren Hendricks**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Medical Director II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : C2309CB04A7E40119A4C**

Amount of Each Receipt this Period  
 45.00

Memo Item

**C. James Warren Hendricks**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Medical Director II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : 25907BF4B97141B19F8C**

Amount of Each Receipt this Period  
 45.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 120
<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**

**A. Kim Hoff**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation DVP Technology Info Solutions  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : EDA048C5E0254A19BBB1**  
Amount of Each Receipt this Period **35.00**  
 Memo Item

**B. Melissa Phillips Holladay**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Dir Provider Analysis  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : BBE17DAF5F984EFBBFE0**  
Amount of Each Receipt this Period **40.00**  
 Memo Item

**C. John Hosea**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Exec Dir Emp Well & Benef Cons  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : F4A1246B7B044A3EA648**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. John Hosea**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Exec Dir Emp Well & Benef Cons

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 5D6B0EFEDC744A1386F6**

Amount of Each Receipt this Period 45.00

Memo Item

**B. Liangjiao Huang**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Actuary III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 6D45E33117F5447E8F18**

Amount of Each Receipt this Period 35.00

Memo Item

**C. Sharon Huerta**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP NM Medicaid Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 7530CFB175AA4F6D9B7D**

Amount of Each Receipt this Period 45.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Sharon Huerta**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP NM Medicaid Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : C0927E95346C49219F28**

Amount of Each Receipt this Period 45.00

Memo Item

**B. Laura E. Hutchison**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Retail Strategy&Infrastrure

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 518B5C9B342A4FDD9A4F**

Amount of Each Receipt this Period 85.00

Memo Item

**C. Laura E. Hutchison**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Retail Strategy&Infrastrure

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : C4BB6EBF33E74882910C**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Robert Imes**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Health Policy Private Mkts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : A5A41716196D4005B89A**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. Robert Imes**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Health Policy Private Mkts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : EE2BC88DF33344C49966**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. Donald Kevin Irby**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Actuary & DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 1C334EE431B5424EB854**

Amount of Each Receipt this Period  
**45.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **245.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Donald Kevin Irby**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Actuary & DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 28F233901DEA4B5A9E21**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Robert Janowitz**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Medical Director II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4A4DE197993F4941AD55**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

**C. Robert Janowitz**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Medical Director II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6FE939825BA7419BA953**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Susan D. Jeffers**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : E3263A0CCE0A4B46BA0A**

Amount of Each Receipt this Period **115.00**

Memo Item

**B. Susan D. Jeffers**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 0AAD0133BCA0462C9760**

Amount of Each Receipt this Period **115.00**

Memo Item

**C. Cynthia A. Johnson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Ent Prod & Clin Opr Int

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : ED2EFA8556F04097A35F**

Amount of Each Receipt this Period **70.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 120
<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**

**A. Cynthia A. Johnson**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Ent Prod & Clin Opr Int  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 87FA1CE85C65402B94AF**  
 Amount of Each Receipt this Period **70.00**  
 Memo Item

**B. James L. Kadela**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP Fin & Strat Suppt & Optim  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 8BCA72B6DA9E4AB6813E**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. James L. Kadela**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP Fin & Strat Suppt & Optim  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 8993110B544A4213BC49**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **454.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Denise V. Kawas**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Dir Small Group&Ind Sal/Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.35

Date of Receipt 03 / 18 / 2016  
**Transaction ID : BAAE526EA6574EEE8318**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Jason M. Kaye**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Corporate Real Estate & Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 08FC6C2816C0484A8CCE**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Jason M. Kaye**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Corporate Real Estate & Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 376768AC6E90465DA8ED**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 120
<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**

**A. Richard Kelly**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Network Management OK DVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 1C51EBC64FCD4D2595C2**

Amount of Each Receipt this Period 70.00

Memo Item

**B. Richard Kelly**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Network Management OK DVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 856B459DBEE543E4B7BC**

Amount of Each Receipt this Period 70.00

Memo Item

**C. Janice J. Knight**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation SVP and Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : F3FFE97945144B49A1A5**

Amount of Each Receipt this Period 192.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 332.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Janice J. Knight**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP and Chief Actuary  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1152.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 4BED8F86AFBC46FA9B3C**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. John E. Kosky**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP & General Counsel  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 495.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : B0469FCA3E2E4FE29EDB**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. John E. Kosky**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP & General Counsel  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 495.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : D966391110454790ABA0**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 362.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 120
<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**

**A. Kurtis J. Kossen**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Retail Markets  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 6E4288FCA47B40EDBD58**  
Amount of Each Receipt this Period **60.00**  
 Memo Item

**B. Kurtis J. Kossen**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Retail Markets  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : F028159EDEC5482287F5**  
Amount of Each Receipt this Period **60.00**  
 Memo Item

**C. Thomas L'Helias**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation DSVP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 8FD01E208B334C4EB5F0**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **235.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Thomas L'Helias**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSV  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : EEC0598AD44C4C62B3DC**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Robert Lembach**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Internal Audit  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : BF865850477F4F718BE4**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Robert Lembach**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Internal Audit  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : F02AB638EF5B41CABAF0**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **205.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 120
<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 (Last, First, Middle Initial) <b>A. Johnna R. Lenamon</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 135B5C741E0B4C17A621</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	Sr Dir Provider Contracting	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Johnna R. Lenamon</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 44CFD6614CDD44DDA058</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	Sr Dir Provider Contracting	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Paul Lombardi</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3BC82D6250DD48899376</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	DVP MT Govt Relations	<input type="text" value="190.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1140.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="330.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. William Paul Lombardi**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP MT Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : B1721CE673954D58A2BD**  
 Amount of Each Receipt this Period 190.00  
 Memo Item

**B. Tina Macik**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Asst General Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 8C7ED27C83F243DB918B**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Steve J. Mallon**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sub Svcs Div SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 6F4C3EDEA42D47F4B595**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Steve J. Mallon**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sub Svcs Div SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 54C429D3CDFB46569928**

Amount of Each Receipt this Period **115.00**

Memo Item

**B. Bruce H. Mamary**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir Client Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **438.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 197FCCDA20734E4F8DAB**

Amount of Each Receipt this Period **73.00**

Memo Item

**C. Bruce H. Mamary**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir Client Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **438.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 35787750BB3B400597CB**

Amount of Each Receipt this Period **73.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **261.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Michael J. Marks**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Maj/Natl Accts IL DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : E99B45E3F6D0450383C8**

Amount of Each Receipt this Period **60.00**

Memo Item

**B. Michael J. Marks**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Maj/Natl Accts IL DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : D59891762319415497E5**

Amount of Each Receipt this Period **60.00**

Memo Item

**C. Bert E. Marshall**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation President Texas Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 49E8A94584C649C08785**

Amount of Each Receipt this Period **192.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **312.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Bert E. Marshall**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation President Texas Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 808C53C785954E439F40**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Jeff Lynn Martin**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Asst General Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 03 / 04 / 2016  
**Transaction ID : 6DDD0D5CC27D49A08DF4**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

**C. Jeff Lynn Martin**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Asst General Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 03 / 18 / 2016  
**Transaction ID : 99F1B70B5FB949C9A3C1**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	332.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Thomas Maryon**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP EHCM Grp & Retail Accts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : E00C797E8B114488A94F**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Thomas Maryon**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP EHCM Grp & Retail Accts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 211376B28A1147B588D3**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Patricia Fuller McCandless**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Exec Dir TX Govt Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 44C7C3642F0F45598436**  
Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **330.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 120
<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 (Last, First, Middle Initial) <b>A. Patricia Fuller McCandless</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 21E5024C11B24A5EA628</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Name of Employer Health Care Service Corporation	Occupation Exec Dir TX Govt Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Shara B. McClure</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 <b>Transaction ID : 14A3421A80054D3D9542</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 85.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Name of Employer Health Care Service Corporation	Occupation VP-Network Management TX
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Shara B. McClure</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 465F5DE0182649929180</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 85.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Name of Employer Health Care Service Corporation	Occupation VP-Network Management TX
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Danny Ken McCoy**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP & Chief Medical Officer-Tx

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : C2EA26BA5E6F485BAF41**

Amount of Each Receipt this Period 115.00

Memo Item

**B. Danny Ken McCoy**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP & Chief Medical Officer-Tx

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 51AA0804D4E44CA99373**

Amount of Each Receipt this Period 115.00

Memo Item

**C. Conway Lawrence McDanald**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP & Chief Medical Officer BH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : DDACD2C68A004264B841**

Amount of Each Receipt this Period 60.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Conway Lawrence McDonald**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP & Chief Medical Officer BH  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 11E39AB3DF2B42AE9321**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

**B. Randall N. McDaniel**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Local Group Markets TX DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4269CCFF62DB43EF8757**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Randall N. McDaniel**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Local Group Markets TX DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 543C128EC96E4AEC811A**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **230.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Carl McDonald**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DSVP Treasury Bus Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 60672EC9C823452F9F01**

Amount of Each Receipt this Period  
**115.00**

Memo Item

**B. Carl McDonald**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DSVP Treasury Bus Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 1CCD9D55A6674F7582E9**

Amount of Each Receipt this Period  
**115.00**

Memo Item

**C. Guy P. McGinnis**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Client Analytics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : C4884EF1D243417E8935**

Amount of Each Receipt this Period  
**75.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>305.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Guy P. McGinnis**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Client Analytics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : OFE007D51FB3410F91B1**

Amount of Each Receipt this Period 75.00

Memo Item

**B. James D. McLean**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : C75278AA0C174E618222**

Amount of Each Receipt this Period 45.00

Memo Item

**C. James D. McLean**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : C30532525CFC46ACBAA1**

Amount of Each Receipt this Period 45.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Thomas Meier**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Product Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : 01A777A891CD4844B643**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**B. Thomas Meier**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Product Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : AC385D717CA9454282F5**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**C. Matthew L. Mize**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Revenue Optimization  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : A0CC97C370B249F988DB**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 70 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Matthew L. Mize**

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 Health Care Service Corporation Occupation VP Revenue Optimization

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : FA293D8F51F648EABF10**

Amount of Each Receipt this Period  
**45.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. William C. Monroe**

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 Health Care Service Corporation Occupation VP Special Investigations Dept

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 96879DBB6ED64EBB8B00**

Amount of Each Receipt this Period  
**45.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. William C. Monroe**

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 Health Care Service Corporation Occupation VP Special Investigations Dept

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 40AB7AD4A07848889427**

Amount of Each Receipt this Period  
**45.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Delores F. Moore**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP SSD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : C9F67EC837BB4518A2A1**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Delores F. Moore**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP SSD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6226363198774BCCAABB**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Scott Morgan**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Operations & Technology  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : E646416E3E154D30834E**  
Amount of Each Receipt this Period **35.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **265.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Elizabeth A. Morren**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Maj/Nat Principal Account Exec  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : A3B4B9DA06844F068C20**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Robert Morrow**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation TX Mkt Strategy President  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 04F22300E03447A282DA**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Robert Morrow**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation TX Mkt Strategy President  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : B9E6FDF231B143F88482**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Christopher J. Muniz**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Dir-SSD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : ECE30AAF4DC4B4BAA0**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Christopher J. Muniz**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Dir-SSD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6C1A00BF9DC94CADABBE**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Brian S. Nelson**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Exec Dir Marketing Technology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 0BD1740FF12A4220AB8E**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Catherine Nelson**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP & General Counsel IL  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 91D134F0DC534F998914**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Catherine Nelson**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP & General Counsel IL  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 1CC8AA5150B842189FB3**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Jeffrey Nicola**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Retail Sales  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : FB484355B1354D8EB3E3**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 120
<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**

**A. Elaine A. Olzawski**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sr Dir Health Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : F5B4C0C3A8FC4A738982**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Stephen Louis Ondra**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : FE9A662FBD384E43A776**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Stephen Louis Ondra**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : D97762FF7BF140D5BCEE**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Mark William Owen**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President Government Programs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 77E94D01224740FA76F**  
Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Mark William Owen**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President Government Programs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 299AAB766C834C23990C**  
Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Randolph Wayne Pate**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Public Policy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : A1E70FE32A3345A9A2F1**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **469.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Randolph Wayne Pate**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Public Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 31EC029033BE41AA8E37**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**B. Laura H. Peck**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Legislative Rep & PAC Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 63B56F7244524A63B23B**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

**C. Richard A. Petermeyer**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sr Mgr Mid Mkt Sales/Acct Mgt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 0862E2FAD34645BDB1F8**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. John Thomas Petherick**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sr Mgr Govt Rel Health Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 1893EF76213749FD9CFA**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. John Thomas Petherick**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sr Mgr Govt Rel Health Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6A96967EF1F141D28343**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Nancy C. Pruitt**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP General Counsel Southwest  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 4BB4AC94D6C644CA8221**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **215.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Karen Quirk</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 <b>Transaction ID : 9B30EF25D2AC4B638A54</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 115.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation VP Litigation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Quirk</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 3A8917DA79594FF59FFE</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 115.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation VP Litigation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) <b>C. Bernadette A. Rasmussen</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 <b>Transaction ID : D35E30BDE80B4D1C8CFF</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 60.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation DSVP Info Mgt & Chief Tech Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Bernadette A. Rasmussen**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP Info Mgt & Chief Tech Off  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : D44A13CA91F941358374**  
 Amount of Each Receipt this Period **60.00**  
 Memo Item

**B. Nazneen Razi**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP-Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : B8033EBAE746464D9185**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Nazneen Razi**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP-Chief HR Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 8F1283D1ADA04D87BE7E**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>444.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Colleen Foley Reitan**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation EVP, President of Plan Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : A7CD732699D44C399C90**

Amount of Each Receipt this Period  
 192.00

Memo Item

**B. Colleen Foley Reitan**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation EVP, President of Plan Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : E6C1D9752AB749A089B8**

Amount of Each Receipt this Period  
 192.00

Memo Item

**C. Beatriz G. Reyes**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir Enterprise Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : F234B07A23AE45729E15**

Amount of Each Receipt this Period  
 35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	419.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Michelle M. Riddell**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Strategy Comm & Commnty Inv  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : C17F45800FEE4A40A9E1**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

**B. Michelle M. Riddell**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Strategy Comm & Commnty Inv  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6932108D3139497EA55B**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Carol J. Riley**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sr Dir National Accts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : CF96A35428A0480D95EC**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Carol J. Riley**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir National Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 4C41BBED4FE94BD89089**

Amount of Each Receipt this Period 70.00

Memo Item

**B. Derek Robinson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Quality & Accreditation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : C863665D36B4453C98A6**

Amount of Each Receipt this Period 115.00

Memo Item

**C. Derek Robinson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Quality & Accreditation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 9DFEA8CC14E64498B20F**

Amount of Each Receipt this Period 115.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Jimmy D Rodgers**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : FB188F0D179C45C9BF2D**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Jimmy D Rodgers**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : CB98FF531820470D95B1**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Sue Anne Rohan**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation VP Health Policy Govt Programs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : DB8AEA7B80D149A5ABEF**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **499.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Sue Anne Rohan**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Health Policy Govt Programs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 81D717BE27F4457CBEEC**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Jason G. Rzeszutko**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Bus Applications Solutions DVP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : FF8831E4BC92452A886F**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Jason G. Rzeszutko**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Bus Applications Solutions DVP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 364E898749BB4A4A8777**  
Amount of Each Receipt this Period **45.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **205.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. David Blair Sandor**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Public Affairs&Corp Commun

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
03 / 04 / 2016  
**Transaction ID : 05998FA65FE24F17B0C2**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. David Blair Sandor**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Public Affairs&Corp Commun

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
03 / 18 / 2016  
**Transaction ID : 77F2442DC62845049082**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Harold Scott Sarran**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DSVP HCM Gov't Programs & CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
03 / 04 / 2016  
**Transaction ID : CD77F6DE1A54493895FC**

Amount of Each Receipt this Period  
115.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Harold Scott Sarran**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP HCM Gov't Programs & CMO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 32EF5781D66642CA8810**  
 Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Patricia A. Savitsky**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 14F15144099E4D6397F0**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Patricia A. Savitsky**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation SVP & Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 475C754B27EB41268B51**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **315.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Kathleen Selck**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Actuary & DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : BD9E3D73A8B640F88FF1**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**B. Kathleen Selck**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Actuary & DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 6E20F69DDE7247778B85**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Randy C. Shaffer**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Sales DVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 8F91DCEBFE3D4445AF4D**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Randy C. Shaffer**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sales DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : 61960EAD542F42E29A5C**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**B. Kurt B. Shipley**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation President NM Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : 71A7515993974C7C8FD0**

Amount of Each Receipt this Period  
**192.00**

Memo Item

**c. Kurt B. Shipley**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation President NM Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : E443FDD464384F249149**

Amount of Each Receipt this Period  
**192.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>469.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Christine Brown Siddle**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Dir Corporate Payroll Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 66D6B26F9FA241EE835D**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**B. Maurice Smith**  
 Full Name (Last, First, Middle Initial)  
 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 Blue Cross and Blue Shield of Illinois Occupation President, Illinois Division  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1153.86**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : C0983698C1C343FDAA04**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

**C. Maurice Smith**  
 Full Name (Last, First, Middle Initial)  
 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 Blue Cross and Blue Shield of Illinois Occupation President, Illinois Division  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1153.86**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : D5AF7C38B37D4E85B22C**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **419.62**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Cynthia M. Soza**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Dir Mid Market Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 9D4A3E04062643109C9A**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. James Spencer**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 8E532F20F6E946D9B7EF**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. James Spencer**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : AA660A0C2FD34C768CFA**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Barbara S. Stefan**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Asst General Counsel III  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 762976F162B6415F59**  
Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Jerome Steffl**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Govt Relations & Represent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 7213ED7F72654DF3B6ED**  
Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Jerome Steffl**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Govt Relations & Represent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 01994E2477824A71898B**  
Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Paula A. Steiner**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 02E2E483B6004751A3B3**  
Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Paula A. Steiner**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 0999858E12BF4A3FADE7**  
Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Thomas A. Stewart**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Dir Mid Market Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : B2395C202F4C4FB58656**  
Amount of Each Receipt this Period **85.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>469.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Thomas A. Stewart**

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 Health Care Service Corporation Occupation Dir Mid Market Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 9FD4996868A0405B907A**

Amount of Each Receipt this Period **85.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Charles Campbell Stuart**

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 Health Care Service Corporation Occupation VP Texas Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 87CFA1271B98407785BC**

Amount of Each Receipt this Period **90.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Charles Campbell Stuart**

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 Health Care Service Corporation Occupation VP Texas Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 5D4B9071060D4AD8A51E**

Amount of Each Receipt this Period **90.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **265.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Thomas J. Surin**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Exec Dir Budgets & Cost Acct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : C05FC3ED197F4C0E95F5**

Amount of Each Receipt this Period 40.00

Memo Item

**B. Gael G. Syoen**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Sr Dir Engineering/Construct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 5223E0702E0041B590DA**

Amount of Each Receipt this Period 38.50

Memo Item

**C. Stephen P. Thompson**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP SDO Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 7E01878594A24151B9E6**

Amount of Each Receipt this Period 35.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Jeffrey R. Tikkanen**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation President Retail Markets  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : CDA670552DAF4453A4E4**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**B. Jeffrey R. Tikkanen**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation President Retail Markets  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1152.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : E2D5012774644EB29269**  
 Amount of Each Receipt this Period **192.00**  
 Memo Item

**C. Janice M. Torrez**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP NM Ext Aff & COS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 51619711C3994C6F833F**  
 Amount of Each Receipt this Period **70.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **454.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Janice M. Torrez**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DVP NM Ext Aff & COS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : C24BA91CCDD840AB9F14**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Jack Towsley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP TX Health Care Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 23538DC53C394696AA75**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Jack Towsley**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Service Corporation Occupation DSVP TX Health Care Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 4418685D950B4FA38D7E**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 120
<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**

**A. Brent B. Tucker**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Asst General Counsel II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : EEC9C452D9C54D728812**  
Amount of Each Receipt this Period **35.00**  
 Memo Item

**B. Manika M. Turnbull**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Chief of Staff Illinois Div  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : F1C2F37A0D6D44AF9843**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**C. Manika M. Turnbull**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Chief of Staff Illinois Div  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 67A12BEDFA0E44ACBD49**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Daryl James Veach**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation DSVP Provider Risk Solutions  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 05A02D3876BE4E4FA0D6**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Daryl James Veach**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation DSVP Provider Risk Solutions  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 56CFDEF20141487DB9CD**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Robert R. Velick**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sr Dir Actuarial-Financial Tec  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 88C900C45C5C4CCEBC91**  
Amount of Each Receipt this Period **70.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert R. Velick</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 84D86DD2CF1443AAB67C</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 70.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation Sr Dir Actuarial-Financial Tec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Ariana Voigt</b>		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 <b>Transaction ID : 3AF0366ACB9440C5A95E</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 35.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation Asst General Counsel III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Vollkommer</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2016 <b>Transaction ID : 5CEEBFFFE9324B848E65</b>
Mailing Address 300 E. Randolph St		Amount of Each Receipt this Period 115.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Health Care Service Corporation	Occupation DVP Financial Settlements&Sys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Mary Vollkommer**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation DVP Financial Settlements&Sys

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 08AA5BD6539F4211B7F3**

Amount of Each Receipt this Period **115.00**

Memo Item

**B. James Edward Walsh**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Chief Actg Off&TransactionDSVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : EF7D140918114E7BAD30**

Amount of Each Receipt this Period **60.00**

Memo Item

**C. James Edward Walsh**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Chief Actg Off&TransactionDSVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 9BE503CAAF5048B896A2**

Amount of Each Receipt this Period **60.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **235.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Robin R. Webb**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sales Operations DVP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : E671FB582A0E443AADBA**  
Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Robin R. Webb**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation Sales Operations DVP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : D12FED5189F8435797C2**  
Amount of Each Receipt this Period 70.00  
 Memo Item

**C. Laurence C. Williams**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Pricing Actuary -TX  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 690.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : 7FF329A2CDCF43598AAA**  
Amount of Each Receipt this Period 115.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 255.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Laurence C. Williams</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3184552D4B4149FFBE49</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	VP Pricing Actuary -TX	<input type="text" value="115.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="690.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Witwer</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 5F67939BFA3749D7A2FB</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	VP & COO Dearborn National	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Witwer</b>		Date of Receipt
Mailing Address 300 E. Randolph St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code
Chicago	IL	60601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 63995BD647764CE3A0C4</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Care Service Corporation	VP & COO Dearborn National	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="235.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Jill A. Wolowitz**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Health Policy Private Mkts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : 76F51CF1268E4BE8A184**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**B. Jill A. Wolowitz**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Health Policy Private Mkts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : 4EE1B2589944221914D**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**C. Freda L Wright**  
Full Name (Last, First, Middle Initial)  
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 Health Care Service Corporation Occupation VP Enterprise Network Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 04 / 2016**  
**Transaction ID : A7145C9C60E044CF9BAE**  
Amount of Each Receipt this Period **115.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **345.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Health Care Service Corporation Employees' Political Action Committee**

**A. Freda L Wright**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation VP Enterprise Network Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 7B3EC1265BEB418F907B**

Amount of Each Receipt this Period **115.00**

Memo Item

**B. Jerald L. Zarin**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Medicaid Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 04 / 2016**

**Transaction ID : 1F02C0F71B264F94B5D5**

Amount of Each Receipt this Period **60.00**

Memo Item

**C. Jerald L. Zarin**  
Full Name (Last, First, Middle Initial)

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 Health Care Service Corporation Occupation Medicaid Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : 76D5117EC8064550B51C**

Amount of Each Receipt this Period **60.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>29049.73</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Robert P. Casey Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 18F7B90C8CBB3BCDE5B**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Robert P. Casey Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 6FD86298FC8C069F26A**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Families for James Lankford**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**James Paul Lankford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 3FA2A4C3EA4944DBDFD**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. House Conservatives Fund**

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**House Conservatives Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : B97302FCC76065EE573

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Keystone America PAC**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Keystone America PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : F00319B77B3A938E422

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Adam Daniel Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

Transaction ID : A556D8200C061F87E98

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Lank PAC**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Lank PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 75B6C89AEB9A0BF6D88**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOBO PAC**

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**LOBO PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 304BE766F05F1A12493**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**Lone Star Leadership PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2016

**Transaction ID : 09310F42137F1BC96AC**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202-2334

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Michael Clifton Burgess**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement

/  /

Transaction ID : EA7EDEC044FCE16F3CE

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson for Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496-6381

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Peter Graham Olson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

/  /

Transaction ID : D7B5ADFF72C95B0A7BD

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise Leadership Fund**

Mailing Address 317 15th St NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
2016 Contribution

Category/  
Type

Candidate Name  
**Scalise Leadership Fund**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District: Contribution

Date of Disbursement

/  /

Transaction ID : E1373412A9923FB7FE5

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. At Large 1- Mike Knox**

Mailing Address 1433 Freedonia

City Houston State TX Zip Code 77055

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 8EC5F70DC459E3FAB4A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. At Large 2-David Robinson**

Mailing Address P.O. Box 56386

City Houston State TX Zip Code 77256

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : FB7EC89921FFAF331BE

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. At Large 3-Michael Kubosh**

Mailing Address 1701 Lubbock St.

City Houston State TX Zip Code 77007

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 028859840CDA74FB2C3

Amount of Each Disbursement this Period

500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. At Large 4 - Amanda Edwards**

Mailing Address P.O Box 66684

City Houston State TX Zip Code 77266

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 50F7FC15EC958EF3A9C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. At Large 5- Jack Christie**

Mailing Address 12421 Memorial Drive

City Houston State TX Zip Code 77024

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 116AB97505A5B10B5EE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carol's List**

Mailing Address P.O. Box 1447

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

Transaction ID : 42BAD52A25072E26A18

Amount of Each Disbursement this Period

500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Chris Brown for Controller Campaign**

Mailing Address 3139 W. Holcombe Blvd #410

City Houston State TX Zip Code 77025

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 61F5882A913078FCCF3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. District A-Brenda Stardig**

Mailing Address P.O. Box 56386

City Houston State TX Zip Code 77256

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : CB88F47E6F611B51191

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. District B-Jerry Davis**

Mailing Address 1 Greenway Plaza Suite 740

City Houston State TX Zip Code 77046

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : E0FBBC5D2ED7467D06F

Amount of Each Disbursement this Period

500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. District C-Ellen Cohen**

Mailing Address P.O. Box 8830

City Houston State TX Zip Code 77249

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6DB3B418E807B686023**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. District D- Dwight Boykins**

Mailing Address P O Box 300961

City Houston State TX Zip Code 77230

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 56ACC658386B442A464**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. District E-Dave Martin**

Mailing Address 1 E. Greenway Plaza Suite 225

City Houston State TX Zip Code 77046

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 732925D3CA6B71832DD**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. District F-Steve Le**

Mailing Address P.O. Box 721410

City Houston State TX Zip Code 77272

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

**Transaction ID : E1FB818C0A8698FCD98**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. District G- Greg Travis**

Mailing Address 800 Wilcrest Dr.

City Houston State TX Zip Code 77042

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

**Transaction ID : CB1F6C40D2A85263DB5**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. District H- Karla Cisneros**

Mailing Address P.O. Box 8830

City Houston State TX Zip Code 77249

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

**Transaction ID : 5DE444A3347A90183BE**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. District I- Robert Gallegos**

Mailing Address P.O. Box 230087

City Houston State TX Zip Code 77223

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 8B4219681210D34C3E6

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. District J-Mike Laster**

Mailing Address P.O. Box 56386

City Houston State TX Zip Code 77256

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : 2426B25604594DB9E59

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. District K- Larry Green**

Mailing Address 315 W. Alabama Ste 100

City Houston State TX Zip Code 77006

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : D4C56DD82BE2134C82C

Amount of Each Disbursement this Period

500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Doug Miller for State Representative Campaign**

Mailing Address P.O. Box 312037

City New Braunfels State TX Zip Code 78131

Purpose of Disbursement Nonfederal Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : 56E0209F8C503B70E22

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEG PAC**

Mailing Address 116 Pine St #201

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Nonfederal Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

Transaction ID : 22DE8FAAB60DABD5450

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pondera Republican Committee**

Mailing Address 1102 4th Ave Sw c/o Llew Jones

City Conrad State MT Zip Code 59425

Purpose of Disbursement Nonfederal Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : 8E95A07778F270CDC4F

Amount of Each Disbursement this Period

500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sylvester Turner Campaign**

Mailing Address P.O. Box 310806

City Houston State TX Zip Code 77231

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 925239A2B06975F5A82**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TALHI LIPAC**

Mailing Address 701 Brazos Street, Suite 1500

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

**Transaction ID : 7A3923714A35E66FAD1**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans for Dan Patrick**

Mailing Address 1 E Greenway Plaza Suite 225

City Houston State TX Zip Code 77046

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

**Transaction ID : 56AEC74E087612115C0**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13000.00

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

31000.00