

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

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

FOR LINE NUMBER: PAGE 127 OF 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

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

A. Johnson, Travis, B., ,

Mailing Address 3817 NW Expressway

City
Oklahoma City

State
OK

Zip Code
73112-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

Transaction ID : D9DCE1CE074E4798A3DD

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Jones, Daniel, , ,

Mailing Address 1001 Pennsylvania Ave NW

City
Washington

State
DC

Zip Code
20004-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCSC

Occupation (for Individual)
VP Govt Relations & Represent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2018

Transaction ID : 2FB4B8D4820E446F83CA

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jones, Daniel, , ,

Mailing Address 1001 Pennsylvania Ave NW

City
Washington

State
DC

Zip Code
20004-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCSC

Occupation (for Individual)
VP Govt Relations & Represent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

Transaction ID : 9A9F3BC325834690BCAE

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

530.00