

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Health Care Service Corporation Employees' Political Action Committee

ADDRESS (number and street)

300 E. Randolph

Legal Department

☐ Check if different than previously reported. (ACC)

Chicago

IL

60601-5014

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00199711

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
05 01 2026

through

M M / D D / Y Y Y Y Y Y  
05 31 2026

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

Type or Print Name of Treasurer

Sutton, Lillian, Michelle, ,

Signature of Treasurer

Sutton, Lillian, Michelle, ,

Date

M M / D D / Y Y Y Y Y Y  
06 05 2026

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action CommitteeReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05  |   | 01  |   | 2026      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 05  |   | 31  |   | 2026      |

|                                                                                                                  | COLUMN A<br>This Period         | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2026</div></div>                                 |                                 | <div><div>571010.40</div></div>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div><div>687051.17</div></div> |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | <div><div>71898.15</div></div>  | <div><div>257598.92</div></div>   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div><div>758949.32</div></div> | <div><div>828609.32</div></div>   |
| 7. Total Disbursements (from Line 31).....                                                                       | <div><div>55190.00</div></div>  | <div><div>124850.00</div></div>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <div><div>703759.32</div></div> | <div><div>703759.32</div></div>   |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div>0.00</div></div>      |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div>0.00</div></div>      |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 57806.58                      | 169739.60                         |
| (ii) Unitemized .....                                                                                 | 9091.57                       | 77859.32                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 66898.15                      | 247598.92                         |
| (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) .....  | 66898.15                      | 247598.92                         |
| 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.....           | 5000.00                       | 10000.00                          |
| 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)) .....                         | 71898.15                      | 257598.92                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 71898.15                      | 257598.92                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 26500.00                      | 82000.00                          |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 28690.00                      | 42850.00                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (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)) ..      | 55190.00                      | 124850.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 55190.00                      | 124850.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 66898.15                      | 247598.92                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 66898.15                      | 247598.92                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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: PAGE 6 OF 126

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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                    |                              |                              |                             |

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

**A. Abbene, Michael, Patrick, ,**

Mailing Address 3500 Lacey Rd

City  
Downers GroveState  
ILZip Code  
60515-5422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ABE0A3DFA819C4C4BBF3

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Adams, Eve, M, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AD8D54DFB338948A4889

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Adcock, Traci, Sue, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DVP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AD2A073F120C540EAAE6

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

145.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Adeyemi, Oluwadamilola, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A40297424FBD340FD880

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Akafia, Martin, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Analytics & Rptg Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE8DA005A2F7C4E9EAA0

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Alexander, Scott, E, ,**

Mailing Address 3405 Liberty Dr

City  
SpringfieldState  
ILZip Code  
62704-6521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A02265EAD9AEA4AE8B74

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Alphs Jackson, Hannah, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A067149ADAB664C7381A**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Amend, Nicole, C, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Coordination & Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEC9C34DA80EA41DE939**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Anifowoshe, Olumide, Ibrahim, ,**

Mailing Address 500 Great Circle Road

City  
NashvilleState  
TNZip Code  
37228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AA7D098394F184DEAA9C**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

861.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 126  
(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. Arges, Hiral, P, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Network Strategy &amp; Transformation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A69C787DD5161434DA05

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Arrambidez, Jessica, K, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Contract Admin Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A988F4CC4AC8C4BBFA3B

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Baca, Marlene, , ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A2E3853847A584A05AFC

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

620.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Baldwin, Robert, A, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Manager Digital Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5A43B40031304D35AA0**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Baptiste, Jimmy, , ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP HCSC Ntl Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AB44083D364EF4580A56**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Barrett, Jeffrey, W, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
VP Dearborn Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A0FF68F98EAA64D03B68**

Amount of Each Receipt this Period

255.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

465.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Beck, Norman, K, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Litigation & Privacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ADDE4E97278924AA0A0C

Amount of Each Receipt this Period

500.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Beggs, April, Elizabeth, ,**Mailing Address 202 W 13th St  
# 206City  
AustinState  
TXZip Code  
78701-1821FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Director State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFDBFE1515882448F977

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

**C. Berner, Monica, E, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
SVP HCSC Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ACD88EC155ED94239A58

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

1286.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Besler, Patrick, D, ,**

Mailing Address 401 E Capitol Ave

City  
SpringfieldState  
ILZip Code  
62701-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A257D3890C22F41BD85B**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Blickhan, Jeanette, M, ,**

Mailing Address 1400 N 30th St

City  
QuincyState  
ILZip Code  
62301-3476FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A98B0BAE22AFB49F2B3B**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Boras, Tom, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
SVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AC2934D57E0D64188B26**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

896.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Brainerd, Lucretia, Michele, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Medical Mgmt Trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE4DF7B08464944F2B9A

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Bridge, Julie, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Network Development Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A9BEFFF6EA93A4162817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Brodersen, Blake, O, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB49FF81C948C4165844

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Brown, Gail, A, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE67E7F62E7D34A189E2

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Buckner, Tara, L, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Network Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A81C3DAC1E54142248A4

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**C. Burke, Claire, Catherine, ,**

Mailing Address 701 E. 22nd Street

City  
LombardState  
ILZip Code  
60148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
VP Finance & Dearborn CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFB60ED7595A9425EA0C

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

455.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Busse, John, Rawland, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7ABC60F0D0A2459E8AE

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Butler, Kelly, H, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Customer Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A391C9A5697504CE4B0A

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Buzbee, Jennifer, Anne, ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir National Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AD102EDE7601D49F0A54

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

690.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Cabral, Corrie, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : ADA9B9EB403C140F6AB3**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Calderwood, Jennifer, Ann, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Analytics & Reporting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AC0EC98D2E063427BA34**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Cannon, Latonya, Marie, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AF65716572C1444E79F7**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

115.00

**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 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Capp, Justin, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ABA55694B0A974BBFB2D

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Carter, Deborah, S, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Unit Mgr Coding Investigation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A43558B6B9D194678A22

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Cassidy, Kevin, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
President HCSC Ntl Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A02927DA8BF9C4738B56

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

1172.00

# **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 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cavaness Mitchell, Dosetta, , ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
Houston

State  
TX

Zip Code  
77072-5077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP TX Medicaid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A723D8618BF604B35984**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**B. Chassay, Charles, Mark, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP Texas CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AA6D8F64F9F774677AB5**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Chavez, Morgan, Claire, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
Albuquerque

State  
NM

Zip Code  
87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Health Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A6A38C6C47A6C419D88C**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

671.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Cheney, Brian, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AD5CB1FD642B143168FD**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Citta, Carrie, L, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A0998BF93BC564D08960**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**C. Clancy, Brandi, , ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A7A3A467F99AB460A9E5**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

861.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Clignett, Syndee, Ivana, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Principal Analytics Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A6631178F13A34F459CB

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Coleman, Marcia, D, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A3AA397D238C44CB4857

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Cook, Kerrie, A, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr National Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A0CAF6E2A15804370978

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Cudzilo, Craig, R., ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Facilities Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A3A71DE20CB264907B59**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Cunningham, Dale, , ,**

Mailing Address 3320 10th Ave S

City  
Great FallsState  
MTZip Code  
59405-3451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Training Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A0E8EDAAB946046D5982**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Cunningham, Stephen, G., ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Network Performance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A396BBA19C7064379868**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

145.00

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

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

FOR LINE NUMBER: PAGE 22 OF 126

(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. Davis, Jeff, , ,**

Mailing Address 701 E 22nd St

City  
Lombard

State  
IL

Zip Code  
60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance Co

Occupation (for Individual)  
Technology Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : ACAA43D4E64A849E6816**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**B. Davis, Lynn, Margaret, ,**

Mailing Address 1400 S. Boston Avenue

City  
Tulsa

State  
OK

Zip Code  
74119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Mgr Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : ADA0A1644C81D47B6B63**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**C. Davis, Tiffany, Nicole, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir Pop Health & Vendor Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A2EF15E7A412E4D428F0**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

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

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Desai, Paras, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Transformation & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A37BD727828294456AFF**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**B. Deshmukh, Uday, Uttamrao, ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Luminare Health Benefits Inc.Occupation (for Individual)  
Vice President Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AB0D5E242602F4714A8A**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Dhar, Nalin, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Enter Prog & Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A6122EE0A47114A8FB1E**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

570.00

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

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

FOR LINE NUMBER: PAGE 24 OF 126

(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. Diaz, Grace, , ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir QI & Accreditation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A3CA4E7A218B241D7917**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Dillman, Brenda, S, ,**

Mailing Address 1400 S Boston Ave

City  
Tulsa

State  
OK

Zip Code  
74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Mgr Benefit Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AC8CA24592F284FACB80**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Ding, Xiaoping, , ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Pharmacy Finance & Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A943197C6A09349CE85E**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

615.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Dorrell, Robert, M, ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Director State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A2A16C04633B04A238A4**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

**B. Doyle, Erin, H, ,**

Mailing Address 3500 Lacey Rd

City  
Downers GroveState  
ILZip Code  
60515-5422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A08512E0BE3BA4828880**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**C. Dozier, Kogee, monique, ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5DBE2A06BA38496C9DD**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

305.00

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

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

FOR LINE NUMBER: PAGE 26 OF 126

(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. Duffy, Flavia, E, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
SVP Chief Customer Svc Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A5801D98AD4224F2C8DB**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. DuGoff, Eva, , ,**

Mailing Address 1001 Pennsylvania Ave NW  
Ste 760

City  
Washington

State  
DC

Zip Code  
20004-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Executive Director - Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A361C17A6E4924031916**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**C. Dutton, Wendy, Ilene, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Client Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A7C9A9F4F9CEE4643A7E**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

846.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Easom, Clayton, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4B09CC520352491486A

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Ellinger, Darlene, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Engineering Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB88380698AA24478A72

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Ellis, James, F, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
AVP HR Strategic Bus Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5F47B536A42A4EABADC

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

260.00

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

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

FOR LINE NUMBER: PAGE 28 OF 126  
 (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. Else, Gregory, E, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Dir Retail Monitoring & Ctrlrs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A121C40E7EBEB4C7C893**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Ernest, Opella, Finley, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
President HCSC Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AA69EAA350681439F86E**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Ernst, Abby, Clifton, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Pharmacy Programs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A8EECB1594CE943B38A3**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

616.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Escoe, Patricia, M, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Texas Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A8FD2C117C0C8489A99A**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Estes, Patty, A, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Network Innov/Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A74E29F0BA1C04C309FF**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

**C. Falati, Robert, G, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
IT Sr Any&Rep Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AC3A5033002C24973AEA**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

530.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Feddema, Lisa, Christine, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP National Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ACB94FB53B42C44939C4

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Fernando, Mateo, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Sr Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFF27CB60DA444AA5851

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Firsch, Jill, S, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Stakeholder Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A94DF9915702F474D950

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

966.00

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

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

FOR LINE NUMBER: PAGE 31 OF 126

(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. Foley, Shannon, M, ,**

Mailing Address 1400 S Boston Ave

City  
Tulsa

State  
OK

Zip Code  
74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Mid Market Account Executiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A27A44F354F9E4D9EAEC**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Frank, Michael, E, ,**

Mailing Address 3645 Alice St

City  
Helena

State  
MT

Zip Code  
59601-8656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
EVP Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AE6196F9C3F0E4AB9A9F**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Funk, Jane, , ,**

Mailing Address 3500 Lacey Rd

City  
Downers Grove

State  
IL

Zip Code  
60515-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sales VP Medicare Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AC6B1AE2ECD684B14A1E**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

896.00

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

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

FOR LINE NUMBER: PAGE 32 OF 126

(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. Galle, Katie, Marie Enid, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir Medicaid Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A4B51BA339AF141D6BF9**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Gallo, Linda, Kay, ,**

Mailing Address 300 E. Randolph Street

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A14A0751A9D0E498E8C2**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**C. Galvin, Paul, B., ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AB884E9B579E240B6914**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Garcia, Michael, C, ,**

Mailing Address 4002 Loop 322

City  
AbileneState  
TXZip Code  
79602-7330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A8160817A99F141988ED

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**B. Garza, Lisa, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Government Programs Market

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  
05 / 29 / 2026

Transaction ID : A5016DD6A91EC442CB38

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**C. Gaytan, Brenna, Joy, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A3BDECD5C366A480299C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Gaytan, Cesar, Antonio, ,**

Mailing Address 5701 Balloon Fiesta Parkway

City  
AlbuquerqueState  
NMZip Code  
87113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Cost Accting&Govt Rptg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A95D9B817DF214EEC8A9

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Gedzyk, Peggy, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFEDC599F414540E1884

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. German, Lillian, V., ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ABE28A08FB1464EFCBA8

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Gibbons, Emily, , ,**

Mailing Address 401 E Capitol Ave

City  
SpringfieldState  
ILZip Code  
62701-1711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
State Government Relations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A886B9D5DAEDF4C2C968

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Giese, Clinton, C, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Product Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AEF366F9106D244659BB

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Gieselman, David, B, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4C7522A3CB434D958D6

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Gilhooly, Kevin, John, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Technology Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A2BBAA4D5F74745B8B40

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Glover, Stephanie, Denise, ,**Mailing Address 6133 N River Rd  
Ste 900City  
RosemontState  
ILZip Code  
60018-5176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luminare Health Benefits Inc.Occupation (for Individual)  
Executive Director Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ADA850C05ADCE4914A7C

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**C. Goldberg, Joshua, David, ,**

Mailing Address 1001 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20004-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Executive Director Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AF1305C323C154EEB96B

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Good, Daniel, August, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A47D9AE5A75084570B18

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**B. Gordon, Leslie, Anne, ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Operations Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A1FD96CBD902A4D44BA9

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Green, Kimberly, Ann, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Corporate and Govt Prog Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A52E2739227B5433181C

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Grober, Stephania, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

President OK Division &amp; Western Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5CA5A78BCEA04994ACC

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Gupta, Sachin, , ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Corporate Development &amp; Performe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A22D5DB0A9F924C4EAB1

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Hahn, Kathleen, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Clinical Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A62E6AAC2A96B4986A19

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

896.00

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

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

FOR LINE NUMBER: PAGE 39 OF 126

(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. Hammersley, Nova, 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 Corp.

Occupation (for Individual)

Sr Dir Sales and Mid Mkt/Natl Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AA81C0E37464A496AB0C**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Hanan, Sarah, Ann, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Communications Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A87DD0020C8B146CB946**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Harris, Stephen, D, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

President Government Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AB3F5E37A2BBB4B82B49**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

701.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Harris, Tanesha, K, ,**

Mailing Address 9442 N Capital of Texas Hwy

City  
AustinState  
TXZip Code  
78759-7262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Enterprise Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A601B2313E3BB4957B0F

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Havens, Frederick, M, ,**

Mailing Address 9442 N Capital of Texas Hwy

City  
AustinState  
TXZip Code  
78759-7262FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A6129C6DC8B8D4DE0ACC

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Haywood, Karen, , ,**

Mailing Address # 200

Plaza 1

City  
AustinState  
TXZip Code  
78759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir ENA TRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A574DE22032C44B47985

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Heard, MackeJo, , ,**

Mailing Address 4411 The 25 Way N.E.

City  
AlbuquerqueState  
NMZip Code  
87109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Clinical Ops Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFACAFD2B09A14428B28

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Hermes, Matthew, J, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AA57FD38ABAC1412884E

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Higgins, Derrick, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Data Science & AI Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFC65A073E57D41DDBBE

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

620.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Hill Clapp, Julie Ann, , ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Special Investigations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AF11C145165F244F6826

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**B. Hill, Lyle, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB5E3BD98215143BE8A2

Amount of Each Receipt this Period

576.90

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

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

**C. Hoffman, Todd, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
State Plan Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE964D7E6FEB54652B8F

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

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

846.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 126  
(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. Holmes, Dana, L, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Corporate Communications & PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A62E8DF2DEA1C45AAAAA

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Holmes, Kevin, S, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Planning & Performance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ADE2FCE93D398446C83F

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Holmes, Mary, Grace, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Digital Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AF1A987EF0B574F30BB7

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

340.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Holtzman, Sari, , ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Lead Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ADED3324111A74DD2BB8

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**B. Hosea, John, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP HR Delivery & Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB7D991A166654F0487D

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**C. Huffman, Erin, M, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Account Executive III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A0EBAC2F48D0B4598ADA

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

290.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 126  
(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. Hutchison, Laura, E, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Delivery Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB50166A12E0C4E44907

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Hutchison, Stephanie, J, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Prin Div Strategy Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A25B588EC168540B793B

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Imes, Robert, , ,**

Mailing Address 1001 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20004-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Government Relations and Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A1B9CE77034C14361976

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

1242.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Irving, Jennifer, L., ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Enterprise Accred Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A2795933A584B48BE82D**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Jacks, Kelly, A., ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Employee Relations

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  
05 / 01 / 2026**Transaction ID : A4D3C0466B5C049408E8**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Jeffers, Deanna, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Strategic Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A8B7420D01BDB4B38B40**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

155.00

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

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

FOR LINE NUMBER: PAGE 47 OF 126

(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, Lisa, M, ,**

Mailing Address 3500 Lacey Rd

City  
Downers Grove

State  
IL

Zip Code  
60515-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Infra Svc Del Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A74FCE1B9D2744C83990**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Johnson, Steven, , ,**

Mailing Address 1001 Pennsylvania Ave NW  
Ste 760

City  
Washington

State  
DC

Zip Code  
20004-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AC31F9B7996354E4B8D6**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

Mailing Address 1400 S Boston Ave

City  
Tulsa

State  
OK

Zip Code  
74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sales VP Oklahoma

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A27E49F203854490FB46**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

455.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 OF 126

(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. Johns, Rodrick, P, ,

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A42588BCCFAD840718DC

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Julien, Craig, , ,

Mailing Address 6133 N River Rd  
Ste 900City  
RosemontState  
ILZip Code  
60018-5176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luminare Health Benefits Inc.Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AC2168C72BBA047D692F

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Kawas, Denise, V, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A48BD8A8B335F4129884

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

616.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Kaye, Jason, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Corp Real Estate & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A9B988A05FA5A44419A1**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Kelley, Lisa, D, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
President MT Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A7BE8645FA6CB4FC8BF3**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Kelly, Richard, , ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Network Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A7DD68E21264D4A2ABB1**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

1176.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 126  
(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. Kerr, Kenneth, G, ,**

Mailing Address 1300 E Pinecrest Dr

City  
MarshallState  
TXZip Code  
75670-7356FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Lead Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A02E2D0E065CD4193BD3**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Kilany, Omar, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Legal Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A9297E43FFB9D4903BC6**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Kimble, Rosalyn, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Quality Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A4921F7A55766459D912**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

410.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Klempay, Laura, Gray, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Enterprise Market Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5AC42D150E2649C2A86**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$200.00/Bi-Weekly

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

**B. Knaub, Trisha, A, ,**

Mailing Address 3500 Lacey Road

City  
Downers GroveState  
ILZip Code  
60515FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Finance D&A Developer III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AC82E075C07C842B8824**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Knox, Eric, , ,**Mailing Address 6133 N River Rd  
Ste 900City  
RosemontState  
ILZip Code  
60018-5176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Luminare Health Benefits Inc.Occupation (for Individual)  
CISO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5467C6FE0C8F499A8B7**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

695.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Kosky, John, E, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP, Legal & Chief Privacy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AD20D282A9AF04EC28F8

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Krzych, Brian, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5D4E90F3BDD64F7C804

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**C. Kuhn, Alyce, Annette, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE0F8566282CF47119B5

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Lakshmanan, Mach, Mahesh, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Product Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A10D35AEBDA124D7AAE

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Leahy, Mary, A, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Infra Ser Del

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB8612416863B47D6ADB

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Lee, Derrick, A, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Technology Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A1D9E0CA5E4864A91A80

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

620.00

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

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

FOR LINE NUMBER: PAGE 54 OF 126

(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. Lembach, Robert, E, , Jr**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

SVP Compliance and Audit Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

Transaction ID : AD0C6B0E5F3E648A4AEB

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Lim, Arlene, , ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Corporate Legal&Transaction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

Transaction ID : AF663E5AECE324AE9BA2

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Lindsay, Heather, , ,**

Mailing Address 11840 S Marshfield Ave

City  
Chicago

State  
IL

Zip Code  
60643-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

AVP Medicaid Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

05 / 29 / 2026

Transaction ID : A869FBB8F5AF94C4AA2A

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

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

780.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Linton, Heather, M, ,**

Mailing Address 1800 W. Loop S.

City  
HoustonState  
TXZip Code  
77027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

DSVP Sales &amp; Account Management T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A754B8B72AA484CDEB06

Amount of Each Receipt this Period

330.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

**B. Lozano-Alvarez, Jessica, Marisol, Mrs,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Mgr Prof Provider Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A955C5EC14E4545E7BED

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. MacDonald, Virginia, L, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Account Executive III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A995D5BA421974250856

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

370.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Macklis, Lauren, Nyhan, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

DSVP Pharmacy and Provider Enablen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AEB62DE41EA214DA29CC

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Mahoney, James, P, ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Dir Small &amp; Mid Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7C7890E2C44E4C3B936

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**C. Manning, Robert, Henry, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4691A2A7608644F0B3C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

686.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Manning, Maureen, Theresa, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Sales Ops & Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4B8845B194FA4372844

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Mao, Kangyi, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP AI, Transformation & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A2A604E9B525E40E486D

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Marcelle, Chris, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Customer Service Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A528915316B89447EBA2

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

705.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Martin, April, J, ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Strategic Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A46CDEFB863784B0193C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Martinez, Benjamin, M, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Small & Mid Market Sales & Acc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A3C941F548AD04A1BB68

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Martin, Jeff, Lynn, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
NM General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFA3FE25D51DB40BC94F

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

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

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 126  
(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. Matthews, Wilbert, Eugene, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A274C01FC53E04D3EA99

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Mattocks, Alicia, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB46B2DD958EF46E3BC0

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Maute, Donald, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Engineering Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AC244CEBFC10D48E1BD0

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 126

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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                    |                              |                              |                             |

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

**A. McCandless, Patricia, Fuller, ,**Mailing Address 202 W 13th St  
# 206City  
AustinState  
TXZip Code  
78701-1821FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A0D68D375B47F481BB1F**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. McCollum, Michael, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Infra Exec Support Anl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A0C7EFF41A6BB448686E**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**C. McGuffin, Addison, , ,**

Mailing Address 603 Munger Ave

City  
DallasState  
TXZip Code  
75202-1839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP, Stakeholder Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A050147F20A7C48FC910**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

951.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 126  
(check only one)

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

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

**A. McKenzie, JoKayla, , ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Medicare Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A27C588E66E244D2D8C8**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**B. McQuarters, Waleska, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A6ED8C45DE0B842B79C0**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Medina, Stacey, , ,**

Mailing Address 1800 West Loop S

City  
HoustonState  
TXZip Code  
77027-3272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Clinical Account Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AA10AF363CA3340838D5**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Mihu, Iuliana, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5078F7EDB8584DCC8FD**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Milcarek, Michelle, A, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Enterprise Qual & Accred

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AA0794AA5CEBD41DD936**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Miller, Lisa, Leigh, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEE536DD388684016A9C**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

230.00

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

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

FOR LINE NUMBER: PAGE 63 OF 126

(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. Miller, Peggy, Irene, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Mgr Program Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AA6925B0F754043A8861**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Miller, Ryeann, K, ,**

Mailing Address 1400 S Boston Ave

City  
Tulsa

State  
OK

Zip Code  
74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A073D65CBC64145F9BC4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Mixon, Shontelle, T, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Internal Audit and Special Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 01 / 2026

**Transaction ID : A10C3B3374EF34DEA965**

Amount of Each Receipt this Period

128.00

☐ Memo Item

Payroll Deduction: \$128.00/Bi-Weekly

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

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

168.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 126  
(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. Mollin, Jamie, B, ,**

Mailing Address 3500 Lacey Rd

City  
Downers GroveState  
ILZip Code  
60515-5422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Head of Individual Medicare Sales and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE7CA99A4457240C8B78

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**B. Morella, Kymberly, A, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

NA Sr Strategic Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A2C589BC44E3F4697841

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Morgan, Scott, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

SVP Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE4172CEDDC0E47E8A66

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

746.00

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

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

FOR LINE NUMBER: PAGE 65 OF 126

(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. Moss, Darrell, Russell, ,**

Mailing Address 3500 Lacey Rd

City  
Downers Grove

State  
IL

Zip Code  
60515-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP Claims Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A78C05AC28AFD4FE6A21**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Mott, Dana, C, ,**

Mailing Address 1001 Pennsylvania Ave NW  
Ste 760

City  
Washington

State  
DC

Zip Code  
20004-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

05 / 14 / 2026

**Transaction ID : A58267C3FD84444FB8FC**

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

**C. Mott, Dana, C, ,**

Mailing Address 1001 Pennsylvania Ave NW  
Ste 760

City  
Washington

State  
DC

Zip Code  
20004-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A205939D6AE2E490D971**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction: \$125.00/Bi-Weekly

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

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

655.00

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

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

FOR LINE NUMBER: PAGE 66 OF 126

(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. Mulholland, Melissa, , ,**

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)  
Health Care Service Corp.

Occupation (for Individual)  
Executive Director Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A7812809BA4C84531B6E**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Mullins, Douglas, Bruce, ,**

Mailing Address 3625 Amhurst Pkwy

City  
Waukegan

State  
IL

Zip Code  
60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DBA Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A8E51F2A3A28440B6AF7**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Muniz, Christopher, J, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A1DB15BC095C34EF791A**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

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

365.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 126  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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                    |                              |                              |                             |

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

**A. Myers, Dale, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A111AC17C804F489E9B3**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Myers, Lucinda, , ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Tribal Relations Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A3C71FE7D23934A77BD1**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Myers, Michael, W, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A099AD255E8B34521BAF**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

60.00

**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 68 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Nageotte, Noreen, , ,**Mailing Address 2800 N. Loop West  
Suites 600 and 700City  
HoustonState  
TXZip Code  
77092FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CareAllies Inc.Occupation (for Individual)  
Chief Growth Officer

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  
05 / 29 / 2026

Transaction ID : ABB007142969C4248B97

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Nelson, Catherine, B, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
EVP Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A57E529F4C4F04DD5A9F

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Newman, Karen, M, ,**

Mailing Address 1800 West Loop S

City  
HoustonState  
TXZip Code  
77027-3272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4C35C900795D44E2910

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

966.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 126  
(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. Nguyen, Ann, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Medicare Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A48AF6515387A46EF9C6

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Nordahl, Rhonda, L, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Ind Medicare Sales Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ACBEE534DCC624E6F99E

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Nunn, Karen, K, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Financial Operations & Strategic In

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A40D2CBB7BB264BC89C9

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

620.00

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

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

FOR LINE NUMBER: PAGE 70 OF 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ofosu, Yaw, K, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
AVP HCM Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

05 / 14 / 2026

**Transaction ID : A550939D3C7D94683B26**

Amount of Each Receipt this Period

170.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

**B. Ofosu, Yaw, K, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
AVP HCM Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A42D6E6D3DD0244078B8**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

**C. O'Keeffe, John, P, ,**

Mailing Address 300 E. Randolph Street

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Regulatory Imp Consulting Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A3A2448C0417942DFBAB**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

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

495.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Olson, Melodie, A, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AEABF0D1EFBA94E7FA25

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. ONeil, Patrick, Brian, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr UX Product Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AA6E1FB226411485ABA9

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Ortega, Esteban, , ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Systems Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB4B61BF5E75A471C92E

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

145.00

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 72 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Ortiz, Brenda, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Markets Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A4E1C23FA418F4F19896**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Oswalt, Frank, V, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Procurement & Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A608A82C676174058ADA**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Oswalt, Tina, R, ,**

Mailing Address 1300 E Pinecrest Dr

City  
MarshallState  
TXZip Code  
75670-7356FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A76D0AED9C9D849D69C2**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Ott, Gwendolen, Rashell, ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Lead Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A0D72A9F1BA04492E8E5

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Palmer, Corey, , ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP Montana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7A23763EECA04929A27

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Parish, Brooke, Snowden, ,**

Mailing Address 4411 The 25 Way N.E.

City  
AlbuquerqueState  
NMZip Code  
87109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Executive Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A4438851839E048C389B

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

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

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Parisi, Matthew, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Business Data Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AF2873DED35184BA7B92**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Parker, Brenda, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Strategic Consulting Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A7589F6A945124A4C97C**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Parker, Kirs, H, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AADD934A81D8A454FAFC**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

340.00

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

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

FOR LINE NUMBER: PAGE 75 OF 126

(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. Patel, Rahul, S, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A7D1D91CB0E774500874**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Pearson, Elizabeth, L, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Database & Info Mgmt Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AD530470C2C734C269C3**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Peregrino, Robert, Philip, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A84884BC022A246BDBFC**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

410.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 126  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Peterson, Fred, A, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Procurement & Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A5C9D659E6B334F92BD4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Petherick, John, Thomas, ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
AVP State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AFF4C0C5F20134A1ABBB**

Amount of Each Receipt this Period

330.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

**C. Petrassi, Vincenzo, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Chief Technology and Information Secu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AC8FE5B3BDF734553AEE**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 126  
(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. Pierre-Auguste, Cori, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Budgets & Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A73C0DC31BDC94F689A4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Pierson, Shawn, Melissa, ,**

Mailing Address 3500 Lacey Road

City  
Downers GroveState  
ILZip Code  
60515FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Unit Mgr Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AF2B31C258B8940E485A**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Pipkin, Jarrell, Wayne, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Accreditation Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A14A60FD8ADC4483DA83**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

60.00

**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 78 OF 126

(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. Powell, Angela, L., ,**

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 Corp.

Occupation (for Individual)  
Mgr Contract Administr Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AB534EC59AE3946D99E8**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Prasad, Arun, , ,**

Mailing Address 300 E. Randolph Street

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
EVP President of IFM & Diversified Bus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3265.50

Date of Receipt

05 / 29 / 2026

**Transaction ID : A67DA9D9A425044FB89D**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Prasad, Arun, , ,**

Mailing Address 300 E. Randolph Street

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
EVP President of IFM & Diversified Bus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3265.50

Date of Receipt

05 / 29 / 2026

**Transaction ID : A6ABC594251B344548A0**

Amount of Each Receipt this Period

576.75

☐ Memo Item

Payroll Deduction: \$192.25/Bi-Weekly

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

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

1172.75

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

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

FOR LINE NUMBER: PAGE 79 OF 126

(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. Pratt, Eric, M, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir Enter Prog & Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AA5022644612F459B944**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**B. Pride, Dena, Michelle, ,**

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 Corp.

Occupation (for Individual)  
Sr Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : ACDEC04A12AE7418FABA**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Quick, Jessica, Ann, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A60BDB21C3A814819B84**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

770.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 126

(check only one)

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

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

**A. Raja Shankar, Latha, , ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Healthcare Delivery & CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFBB558E4968A491EBE0

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**B. Rakoczy, Amy, Joy, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Customer Service GPD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB1F1FB40F8FF4554952

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Rao Kathi, Gnana, R, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Treasury & Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A8554E0A477044DF2920

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

846.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 126  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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                    |                              |                              |                             |

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

**A. Reddy, Vikram, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Corporate Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A3FC9F835C9D247BB9E5**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Redman, David, A, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Dir Actuarial-Financial Tec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A38E5E95C6050443DA60**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Reid, Christine, E, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir HR Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEE39C42F61C7444495F**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

260.00

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

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

FOR LINE NUMBER: PAGE 82 OF 126

(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. Roach, Cathy, L, ,

Mailing Address 4242 Sunset Dr

City  
San Angelo

State  
TX

Zip Code  
76904-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A3C5A2DC40FA94EFB9E2

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Robinson, Derek, J, ,

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
DSVP Chief Health Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB944264BB3BB4AFF852

Amount of Each Receipt this Period

345.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

C. Rodgers, Tamaal, , ,

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Subsidiary Ops Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ACCF7B04D04B9468A98C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

385.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 126  
(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. Romero, Sabrina, J, ,**

Mailing Address 4411 The 25 Way N.E.

City  
AlbuquerqueState  
NMZip Code  
87109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir BH Clinical Ops Govt Prog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AECC3991D572447ADB35

Amount of Each Receipt this Period

280.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

**B. Rutkowski, Allison, , ,**

Mailing Address 3500 Lacey Rd

City  
Downers GroveState  
ILZip Code  
60515-5422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Head of IFM Medicaid & Gov Platforms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AA4BD305CB04B43AF992

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Sacarelos, Maristella, , ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ADAFE84D49F634827AB0

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

320.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 126  
(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. Sanchez, Tanya, Renee, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Manager Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A8B0B26A6B58B4579B28**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Santos, Clarita, Gintu, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Corp & Civic Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEE3E2F37648A403A9C2**

Amount of Each Receipt this Period

345.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

**C. Saraco, Michael, S, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Infra Svc Del Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A96FEFD22D5B74E229EA**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

385.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 126  
(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. Schirf, Diane, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Integrated Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB9BB39C3EBB24BAA8C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Schneider, Jennifer, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr IT Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7D47E08D740544EA8F7

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Schwegel, John, G, ,**

Mailing Address 701 E. 22nd Street

City  
LombardState  
ILZip Code  
60148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
VP, Actuary & Dearborn Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AA8C64EAF71E491098B

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

460.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 126

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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                    |                              |                              |                             |

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

**A. Selck, Kathleen, , ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Chief Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5F0DAEFDA57E44A3943

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**B. Servedio, Leonard, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2026

Transaction ID : ABF7E404EC2C44BF2B4D

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

**C. Servedio, Leonard, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2026

Transaction ID : A9C5C1F7677034E15B50

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

896.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Servedio, Leonard, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance CoOccupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE6BF4BEA512F43939E1

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

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

**B. Seybert, John, , ,**

Mailing Address 701 E 22nd St

City  
LombardState  
ILZip Code  
60148-5095FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AAE50CFE265434C6FBCB

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**C. Shaffer, Randy, C, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A6A46F0ADBE6649699C0

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

495.00

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

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

FOR LINE NUMBER: PAGE 88 OF 126

(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. Shahan, Jennifer, Wynette, ,

Mailing Address 4002 Loop 322

City  
Abilene

State  
TX

Zip Code  
79602-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Primary Nurse Case Admin I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7F60EC744B7541179BF

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. SIDDIQI, ALVIA, , ,

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP & Chief Medical Officer IL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A7242906FD7B4450BB1D

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Slavin, Paul, , ,

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP Total Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE0B58506AFA84FEFA07

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

896.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Sloan, Stacy, F, ,**

Mailing Address 8101 W Sam Houston Pkwy S

City  
HoustonState  
TXZip Code  
77072-5077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Lead Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB7E58FF21F8E46DDA8F

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Slott, Leslie, H, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB6FE4DB012764A53A76

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Smith, Joseph, L, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5EC05335C2394CCE861

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

145.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 OF 126

(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. Smith-Leslie, Nancy, , ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP NM Medicaid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A59810D51BC6A425C9B5

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Smith, Mandy, Lynn, ,

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Large Mkt Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AC84F2F995643420180A

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Smith, Matthew, Thomas, ,

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Executive Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AB58075264EE24E38B82

Amount of Each Receipt this Period

345.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

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

1011.00

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

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

FOR LINE NUMBER: PAGE 91 OF 126

(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. Smith, Maurice, S, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Chairman, President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

05 / 29 / 2026

**Transaction ID : A1629CFAA03FE4168AC0**

Amount of Each Receipt this Period

576.93

☐ Memo Item

Payroll Deduction: \$192.31/Bi-Weekly

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

**B. Snell, Brian, , ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
SVP IL Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A64D62EFF73C14DD5A2B**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Snowden, Kayla, Loretta, ,**

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Exec Dir Prov Data Strat&Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AE3BD670DF4104D67A69**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

966.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Socha, Grzegorz, Pawel, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Exec Dir Development Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A8801D6F435E549FCBD2**

Amount of Each Receipt this Period

255.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

**B. Sondgeroth, Douglas, Allen, ,**Mailing Address 6133 N River Rd  
Ste 900City  
RosemontState  
ILZip Code  
60018-5176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Legal Sales &amp; Subsidiary Organizat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A4B3A34F55173495B9BD**

Amount of Each Receipt this Period

330.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

**C. Soto, Miguel, A, ,**

Mailing Address 3817 NW Expressway

City  
Oklahoma CityState  
OKZip Code  
73112-1489FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Project Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A9E7D0C53DBE84933824**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

605.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Spohnholtz, Theodore, Kenneth, ,**

Mailing Address 300 E. Randolph Street

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

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Chief Procurement Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AF3A2CE46ECA64E44AA7

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Springfield, James, G, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
SVP TX Plan President & HCSC Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2123.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A8527B02086F546958DE

Amount of Each Receipt this Period

579.00

☐ Memo Item

Payroll Deduction: \$193.00/Bi-Weekly

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

**C. Steffl, Jerome, L, ,**

Mailing Address 1001 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20004-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Federal Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A93DC1EC25EEC407E852

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

1179.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Stewart, Douglas, Wayne, ,**

Mailing Address 1800 West Loop S

City  
HoustonState  
TXZip Code  
77027-3272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2026

Transaction ID : A7591E310B2224A9BACE

Amount of Each Receipt this Period

45.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Suarez, Benjamin, Paul, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Large Market Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A2D5B949FB5384F9189B

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Sumner, Mallory, , ,**

Mailing Address # 200

Plaza 1

City  
AustinState  
TXZip Code  
78759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir ENA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A06FB6CE8CB57488489E

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

170.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Suter, Robert, Neil, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A6E0790E222734A3B98E

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Sutton, Lillian, Michelle, ,**

Mailing Address 1001 East Lookout Drive

City  
RichardsonState  
TXZip Code  
75082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AAFC8850DF2B4436EAA5

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Swanton, Joshua, Aaron, ,**

Mailing Address 3645 Alice St

City  
HelenaState  
MTZip Code  
59601-8656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Process Consultant I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AADC221485B20474F80C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

455.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Swierczek, Brian, J., ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP HCSC Ntl Accounts Bus Sol

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A69057536A3C447A9945

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Tan, Ping, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Data Science

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A38AB917CF00441798BE

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Tate, Melisa, , ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Appeals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A839E82A0581948AA824

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

425.00

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

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

FOR LINE NUMBER: PAGE 97 OF 126

(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. Terry Michener, Jill, , ,

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2026

Transaction ID : A1396CDB9622A48478C4

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Thomas, Eugenie, , ,

Mailing Address 2215 Southwest Parkway

City  
Wichita Falls

State  
TX

Zip Code  
76308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sup Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2026

Transaction ID : AA3737E3146804FD995D

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Thrower, Tony, Charles, ,

Mailing Address 1001 E Lookout Dr

City  
Richardson

State  
TX

Zip Code  
75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Dir Large/Natl Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2026

Transaction ID : AE9843111AC524C01A8E

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 98 OF 126

(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. Thunander, Matthew, G., ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A8F466ADD91514AE8859**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Toomey, Christopher, S., ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : AFFF2B5891C69412E945**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Torrez, Janice, M., ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
Albuquerque

State  
NM

Zip Code  
87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
President NM Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A020E26B15FE142D9889**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

896.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Townsend, Brooke, E, ,**

Mailing Address 3817 Northwest Expressway

City  
Oklahoma CityState  
OKZip Code  
73112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Community Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A29EDB82D0D604D8390E**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Trammell, Darryl, Eugene, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Credit Union

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEA55F2B6BA5E44D6843**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Trejo, David, Michael, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Behavioral Health Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A354B1E02D9134702A32**

Amount of Each Receipt this Period

308.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

433.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Tucker, Brent, B, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP-Network Management TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A43A1E773212E4EF98B8**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Turk, Shelley, Catherine, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
DSVP Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A4BC0EBF5505846EEB18**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**C. Turnbull, Manika, M, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
SVP Chief HR Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AD3F7A9C73E6541ABB66**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

1176.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Turner, Deborah, L., ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Data & Delivery Governance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026Transaction ID : **ABBC3CC668443462FA54**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

**B. Vahey, Michael, James, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026Transaction ID : **A21D4173E09954E00BF3**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**C. Vallo, Bonita, A., ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medicaid Contract Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026Transaction ID : **A6E25B283173C430C868**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

245.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 126

(check only one)

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

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

**A. Vigil, Stefanie, F., ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Clinical Strategy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AD110F6A56D23456F81B**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Volkin, Laurie, Ann, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Dir Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A103090CA447448AAA8D**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**C. Vu, Lan, Nguyen, ,**

Mailing Address 1001 E Lookout Dr

City  
RichardsonState  
TXZip Code  
75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Principal Data Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A967F47F5D99B4CF0A58**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

230.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Wagner, Megan, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP HCSC Ntl Accounts Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A53DA20BB4C4240CCB58

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

**B. Walker, Jennifer, K, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

DVP Payment Svc Claim

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AE65BF97FF49D4600ACE

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Walker, Lassie, L, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A1DF4C2573CC1447F832

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

620.00

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

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

FOR LINE NUMBER: PAGE 104 OF 126

(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. Walker, Nicole, Lynn, ,**

Mailing Address 300 E. Randolph Street

City  
Chicago

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
VP Operations Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A8C587C2543684984B64**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**B. Walsh, James, Edward, ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
EVP Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A7FB5F5F36E7E4883A8C**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

**C. Warden, David, , ,**

Mailing Address 701 E 22nd St

City  
Lombard

State  
IL

Zip Code  
60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dearborn Life Insurance Co

Occupation (for Individual)  
VP Commercial Markets Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A6DFDC17321B7426B995**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

1026.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Warneke, Christopher, G, ,**

Mailing Address 3500 Lacey Rd

City  
Downers GroveState  
ILZip Code  
60515-5422FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Application Reliability Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A505E071D153046628F5**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

**B. Washington, Marc, E, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : A4F3EB1345E9D4B4696A**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

**C. Waters, Edwin, Carey, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026**Transaction ID : AEE8D9003CD704A48B51**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

465.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 126  
(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. Waters, Evonne, , ,**

Mailing Address 1000 E Warrenville Rd

City  
NapervilleState  
ILZip Code  
60563-1867FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Program Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A8C62183251BC48BA835

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. Watson, Janet, L, ,**

Mailing Address 1400 S Boston Ave

City  
TulsaState  
OKZip Code  
74119-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Mgr Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A148C840FEA5946FE89A

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Watson, Robert, R, ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Ind Medicare Sales Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A10748C9F7C2A476BA5F

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

145.00

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

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

FOR LINE NUMBER: PAGE 107 OF 126

(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. Weathersby, Daniel, Eugene, ,

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : ABE91145E2ACE403481A

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

B. Wesselink, Adam, , ,

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr IT Delivery Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A52E10F8F6A1542A2A8A

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Wever, Karen, C, ,

Mailing Address 1001 East Lookout Drive

City  
Richardson

State  
TX

Zip Code  
75082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Dearborn Life Insurance Co

Occupation (for Individual)

Chief Dental Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A6B1661C973F642A2808

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. White Davis, Lara, , ,**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City  
AlbuquerqueState  
NMZip Code  
87113-2447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A9428C6D40AD548679E1

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

**B. White, Alex, , , Jr**Mailing Address 114 Mesa Park Dr  
Ste 300City  
El PasoState  
TXZip Code  
79912-6321FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Network Mgmt Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A12ECA00F3B674D449CB

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. White, Kevin, S, ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Sr Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A5DD1E9D4274D4D15B5C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

145.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Wilson, Maria, M, ,**

Mailing Address 500 Great Circle Rd

City  
NashvilleState  
TNZip Code  
37228-1583FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Provider Affairs Project Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : A9B3DA870B2E041C88BA

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Winters, Lauren, , ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
Exec Dir Digital Product Line

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AFE50474C50954028B26

Amount of Each Receipt this Period

255.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

**C. Wohlhart, Nancy, T, ,**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.Occupation (for Individual)  
President Medicaid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AF8672C793229489F9E0

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

851.00

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

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

FOR LINE NUMBER: PAGE 110 OF 126

(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. Wolowitz, Jill, A., ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
EVP Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A912A210581FD40AB9C9**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$200.00/Bi-Weekly

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

**B. Yang, Yvonne, D., ,**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sr Dir Govt Prog Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A93E28668C1594E128B4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. York, Claire, S., ,**

Mailing Address 1001 East Lookout Drive

City  
Richardson

State  
TX

Zip Code  
75082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Sales VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

05 / 29 / 2026

**Transaction ID : A6D574E64200244DA9F2**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

1196.00

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

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

FOR LINE NUMBER: PAGE 111 OF 126

(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.** York, Jason, , ,

Mailing Address 4411 the 25 Way NE

City  
Albuquerque

State  
NM

Zip Code  
87109-5857

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Care Service Corp.

Occupation (for Individual)  
Process Consultant II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2026

**Transaction ID : A58EBAE4CD86C4944A52**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

75.00

57806.58

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 126  
(check only one)

|                              |                              |                              |                             |                             |                             |                             |                                        |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|-----------------------------|
| <input 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 checked="" type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

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

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

**A. JASMINE FOR US**

Mailing Address PO BOX 227235

City  
DALLASState  
TXZip Code  
75222-3110FEC ID number of contributing  
federal political committee.

C

C00795450

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2026

Transaction ID : AC13A30A475BD4595A87

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Refund of 5/28/2025 contribution

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

5000.00

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

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 126

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. CAROL FOR CONGRESS**Mailing Address 228 S. WASHINGTON STREET  
SUITE 115City  
ALEXANDRIAState  
VAZip Code  
22314-5404

Purpose of Disbursement

Contribution to Committee

Candidate Name

Miller, Carol, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00653220

Transaction ID : BFE910ACD7

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City  
BangorState  
MEZip Code  
04402-1096

Purpose of Disbursement

Contribution to Committee

Candidate Name

Collins, Susan, , Sen.,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00314575

Transaction ID : BBE52C438A

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DR JOHN JOYCE FOR CONGRESS**Mailing Address 1002 LOGAN BLVD  
STE 114 #237City  
AltoonaState  
PAZip Code  
16602

Purpose of Disbursement

Contribution to Committee

Candidate Name

Joyce, John, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 13

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00674259

Transaction ID : BE76D11A8C

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 126

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. GREG STEUBE FOR CONGRESS**Mailing Address 5317 FRUITVILLE RD  
# 102City  
SarasotaState  
FLZip Code  
34232-6402Purpose of Disbursement  
Contribution to Committee

Candidate Name

Steube, Greg., Rep.,

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 17

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00671891**Transaction ID : B1AE6C70EF**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HERB CONAWAY FOR CONGRESS**

Mailing Address P.O. BOX 493

City  
WILLINGBOROState  
NJZip Code  
08046Purpose of Disbursement  
Contribution to Committee

Candidate Name

Conaway, Herb., MD

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00859496**Transaction ID : B595AE755CI**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. House Conservatives Fund**Mailing Address 228 S. Washington St.  
Ste 115City  
AlexandriaState  
VAZip Code  
22314-5404Purpose of Disbursement  
Contribution to Committee

Candidate Name

House Conservatives Fund

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00326439**Transaction ID : B44DC803A/**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 126

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. JASON SMITH FOR CONGRESS**

Mailing Address PO BOX 1324

City  
CAPE GIRARDEAUState  
MOZip Code  
63702-1324

Purpose of Disbursement

Contribution to Committee

Candidate Name

Smith, Jason, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00541862**Transaction ID : BF96740CF0**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOE NEGUSE FOR CONGRESS**

Mailing Address PO BOX 7142

City  
BOULDERState  
COZip Code  
80306

Purpose of Disbursement

VOID 12/31/25 Contribution to Committee

Candidate Name

Neguse, Joe, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 02

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00648253**Transaction ID : BE0636E730E**

Amount of Each Disbursement this Period

- 2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MEDICAID HEALTH PLANS OF AMERICA POLITICAL ACTION COMMITTEE**Mailing Address 1575 EYE STREET, NW  
STE 300City  
WASHINGTONState  
DCZip Code  
20005

Purpose of Disbursement

Contribution to Committee

Candidate Name

MEDICAID HEALTH PLANS OF AMERICA POLITICAL ACTION COMMITTEE

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2026        |

FEC Identification Number

**C** C00475426**Transaction ID : B5337FDC23**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 126

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. MOORE FOR CONGRESS**

Mailing Address PO BOX 16646

City  
MILWAUKEEState  
WIZip Code  
53216-5023

Purpose of Disbursement

Contribution to Committee

Candidate Name

Moore, Gwen, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00397505**Transaction ID : BC6A1F4541!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Ben**

Mailing Address PO Box 25371

City  
AlbuquerqueState  
NMZip Code  
87125

Purpose of Disbursement

Contribution to Committee

Candidate Name

Lujan, Ben Ray, , Sen., Jr.

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00443689**Transaction ID : BF1A6A8F5F!**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City  
DeerfieldState  
ILZip Code  
60015-6005

Purpose of Disbursement

Contribution to Committee

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00495952**Transaction ID : BCCB9AD6F**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 126

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. Veronica Escobar For Congress**

Mailing Address PO Box 3961

City  
El PasoState  
TXZip Code  
79923-3961

Purpose of Disbursement

Contribution to Committee

Candidate Name

Escobar, Veronica, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 16

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** C00653923**Transaction ID : B74E067B3C**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

26500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. 2026 KEEP TIMMONS FOR HOUSE DISTRICT 97**

Mailing Address 527 NW 23rd Street, Suite 250

City  
Oklahoma CityState  
OKZip Code  
73103-1515

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B1737715D4E

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ally Seifried for State Senate 2026**

Mailing Address 3402 Heritage Hills Parkway

City  
ClaremoreState  
OKZip Code  
74019-4907

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B1165A552A2

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BANNING FOR STATE HOUSE 2026**

Mailing Address 13510 S 26th STreet

City  
BixbyState  
OKZip Code  
74008-4964

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : BC7AA75F97

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Bill Coleman For State Senate 2026**

Mailing Address 600 Michael Lane

City  
Ponca CityState  
OKZip Code  
74604-5906

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B5FC47A80E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blair for State House 2026**

Mailing Address 3001 White Cedar Court

City  
MooreState  
OKZip Code  
73160-1186

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B7800989422

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brenda Stanley for State Senate 2026**

Mailing Address 4313 N Easy Street

City  
Oklahoma CityState  
OKZip Code  
73150-2613

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B0064D08FB

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Buttrey for SD 11**

Mailing Address 708 Central Avenue

City  
Great FallsState  
MTZip Code  
59401-3731

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : B72654B7566

Amount of Each Disbursement this Period

470.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chuck Hall For State Senate 2026**

Mailing Address 1712 N 9th

City  
PerryState  
OKZip Code  
73077-2251

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : B53C1FA70D

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Peter Wirth**

Mailing Address 708 Paseo de Peralta

City  
Santa FeState  
NMZip Code  
87501

Purpose of Disbursement

VOID 10/24/25 Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2028

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : B816FD4FD5

Amount of Each Disbursement this Period

- 1500.00

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

- 30.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Friends of Annie Menz 2026**

Mailing Address 1005 Kenwood Drive

City  
NormanState  
OKZip Code  
73071-5103

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : BEAC23238E

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Collin Duel 2026**

Mailing Address 213 E. Oklahoma Avenue

City  
GuthrieState  
OKZip Code  
73044-3244

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : BC4629F673A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Grant Green 2026**

Mailing Address 940413 S. 3330 RD

City  
WellstonState  
OKZip Code  
74881-7075

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : BC44A8B86E

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Friends of John B. Kane 2026**

Mailing Address 2101 Mars Court

City  
BartlesvilleState  
OKZip Code  
74006-6101

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B79C16D534

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Kyle Hilbert 2026**

Mailing Address 509 E. Grant Place

City  
BristowState  
OKZip Code  
74010-4399

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B0B525EA98:

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TYLER HERRING 2026**

Mailing Address 10632 NW 38th Street

City  
YukonState  
OKZip Code  
73099-6002

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : BF5B565971

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Greater Oklahoma City Chamber PAC**

Mailing Address 123 Park Avenue

City  
Oklahoma CityState  
OKZip Code  
73102-9005

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          | Other   |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : BD41A9B0A0

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Haste For State Senate**

Mailing Address PO Box 141166

City  
Broken ArrowState  
OKZip Code  
74014-0011

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                 |                          |         |
|-------------------------------------|-----------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : BE5ECAB250

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin Norwood for Oklahoma 2026**

Mailing Address 10003 E 94th St. North

City  
OwassoState  
OKZip Code  
74055-6843

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : B4DCA0C12I

Amount of Each Disbursement this Period

750.00

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

5750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Montana Democratic Legislative Campaign Committee**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address P.O. Box 802  
c/o Scott McNeilCity  
HelenaState  
MTZip Code  
59624-0802

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State:

District:

FEC Identification Number

**C****Transaction ID : B6C8874E89f**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nikolakakos for HD 20**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address 5112 4th Ave N #9

City  
Great FallsState  
MTZip Code  
59405-1338

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : B881D58EFEf**

Amount of Each Disbursement this Period

470.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Oklahoma Biz Political Action Committee**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address 1 W. 3rd Street Suite 100

City  
TulsaState  
OKZip Code  
74103-3513

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

State:

District:

FEC Identification Number

**C****Transaction ID : BC2CF8953E**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6970.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. Ronald Stewart for State House 2026**

Mailing Address PO Box 6189

City  
TulsaState  
OKZip Code  
74148-0189

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : BFE94125F1

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The State Chamber PAC**

Mailing Address 330 NE 10th Street

City  
Oklahoma CityState  
OKZip Code  
73104-3220

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                 |                          |         |
|-------------------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary         | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Other

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : B6E4D683E1

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Todd Gollihare for State Senate 2026**

Mailing Address 117 West 5th Ave.

City  
BristowState  
OKZip Code  
74010-2824

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : B5DE06B5E1

Amount of Each Disbursement this Period

1000.00

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

5500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 126

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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.** Woods for Senate 2026

Mailing Address 68701 S 4734 Road

City  
WestvilleState  
OKZip Code  
74965-6074

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : B6A4E251FF

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

1000.00

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

28690.00