

# **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 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Centene Corporation Political Action Committee (Centene PAC)**

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

**A. Sanders, Bryan, , ,**

Mailing Address 1811 2nd Ave. SW

City  
Altoona

State  
IA

Zip Code  
50009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centene Corporation

Occupation (for Individual)  
Vice President Long Term Care & Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2020

**Transaction ID : A2020-378866**

Amount of Each Receipt this Period

79.79

☐ Memo Item

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

**B. Sanders, H Robert, , ,**

Mailing Address 7 Fox Mill Drive

City  
Maryville

State  
IL

Zip Code  
62062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centene Corporation

Occupation (for Individual)  
Senior Vice President Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

**Transaction ID : A2020-290948**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Sanders, H Robert, , ,**

Mailing Address 7 Fox Mill Drive

City  
Maryville

State  
IL

Zip Code  
62062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centene Corporation

Occupation (for Individual)  
Senior Vice President Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2020

**Transaction ID : A2020-378867**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

579.79