

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

FOR LINE NUMBER: PAGE 670 OF 1574

(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. Johnson, Travis, B., ,

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 CorporationOccupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

Transaction ID : 0D337BB238B04BCD9EA7

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Johnson, Travis, B., ,

Mailing Address 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 CorporationOccupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

Transaction ID : 48ED288199EA4FA791B7

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Johnson, Travis, B., ,

Mailing Address 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 CorporationOccupation (for Individual)
Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

Transaction ID : 4DF40B99958547F7BCD1

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

90.00

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