

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

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<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. 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	18	2017

**Transaction ID : AF2C909B35EE46529583**

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
09	01	2017

**Transaction ID : 53216C70E8BF41B6963E**

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
09	15	2017

**Transaction ID : 7C1B715F66D345D8A9E3**

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).....▶