

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

FOR LINE NUMBER: PAGE 248 OF 646

(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. Johnson, Travis, B., ,**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corporation

Occupation (for Individual)

Sr Dir Account Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : 6B23CD06DD4F40BCB25B**

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 City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corporation

Occupation (for Individual)

Sr Dir Account Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : 0FCAA44743104F0ABC49**

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 City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corporation

Occupation (for Individual)

Sr Dir Account Mgmt

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : E89E63203C7245A0B6C6**

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)..... ▶