

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

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

FOR LINE NUMBER: PAGE 181 OF 1650

(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. Burke, Donald, M, ,

Mailing Address 1001 E Lookout Dr
Bldg B

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services Corporation

Occupation (for Individual)
NA Sr Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

08 / 02 / 2019

Transaction ID : C8987C6715914C11AEEB

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Burke, Donald, M, ,

Mailing Address 1001 E Lookout Dr
Bldg B

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services Corporation

Occupation (for Individual)
NA Sr Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

08 / 16 / 2019

Transaction ID : F0873D167F3345B4A5A7

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Burke, Donald, M, ,

Mailing Address 1001 E Lookout Dr
Bldg B

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services Corporation

Occupation (for Individual)
NA Sr Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

08 / 30 / 2019

Transaction ID : B559373B4A3B4538ADF5

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00