

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

FOR LINE NUMBER: PAGE 239 OF 1650

(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. Charlton, Christopher, Brian, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
AlbuquerqueState
NMZip Code
87113-2447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services CorporationOccupation (for Individual)
VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : BD34F21C98E246CEAC34

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Charlton, Christopher, Brian, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
AlbuquerqueState
NMZip Code
87113-2447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services CorporationOccupation (for Individual)
VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : 5DB95E020B224408AACC

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

c. Charlton, Christopher, Brian, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
AlbuquerqueState
NMZip Code
87113-2447FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Services CorporationOccupation (for Individual)
VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : 6CD830C8282F45239D81

Amount of Each Receipt this Period

60.00

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

180.00

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