

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Charlton, Christopher, B, ,

Mailing Address 415 E North Water St
Apt 1503

City
Chicago

State
IL

Zip Code
60611-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
DSVP & Chief Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2019

Transaction ID : 52AB584AFC3343969A12

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, B, ,

Mailing Address 415 E North Water St
Apt 1503

City
Chicago

State
IL

Zip Code
60611-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
DSVP & Chief Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY
06 / 07 / 2019

Transaction ID : 115420D2021643C59C86

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, B, ,

Mailing Address 415 E North Water St
Apt 1503

City
Chicago

State
IL

Zip Code
60611-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corporation

Occupation (for Individual)
DSVP & Chief Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY
06 / 21 / 2019

Transaction ID : 8DF0272C68E548BDA0C8

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

180.00