

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

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

FOR LINE NUMBER: PAGE 203 OF 494

(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. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 11 / 2018

Transaction ID : FCA2BF4D1652457BB986

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 25 / 2018

Transaction ID : 31C9664D8FE34A8EA071

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 ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 08 / 2018

Transaction ID : 1F63319C7B3546D68FC3

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