

# **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. 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 / 22 / 2018

**Transaction ID : 14C096C647CD4B71AB3A**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Jones, Daniel, , ,**

Mailing Address 1001 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCSC

Occupation (for Individual)

VP Govt Relations & Represent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 13 / 2018

**Transaction ID : 46985269860746EC9B5A**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Jones, Daniel, , ,**

Mailing Address 1001 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HCSC

Occupation (for Individual)

VP Govt Relations & Represent

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 27 / 2018

**Transaction ID : 97A0DDAE72AC4E648F43**

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)..... ►

150.00