

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Health Care Service Corporation Employees' Political Action Committee

ADDRESS (number and street)

300 E. Randolph



Legal Department

Check if different
than previously
reported. (ACC)

Chicago

IL

60601-5014

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00199711

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

D D / Y Y Y Y Y Y

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
08 01 2026

through

M M / D D / Y Y Y Y Y Y
08 31 2026

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sutton, Lillian, Michelle, ,

Signature of Treasurer

Sutton, Lillian, Michelle, ,

Date

M M / D D / Y Y Y Y Y Y
09 15 2026

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action CommitteeReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
08		01		2026

 To:

M M	/	D D	/	Y Y Y Y Y
08		31		2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		571010.40
(b) Cash on Hand at Beginning of Reporting Period.....	677340.88	
(c) Total Receipts (from Line 19)	50347.78	397528.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	727688.66	968538.66
7. Total Disbursements (from Line 31).....	195000.00	435850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	532688.66	532688.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40028.72	292867.76
(ii) Unitemized	2819.06	87160.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42847.78	380028.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42847.78	380028.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	7500.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50347.78	397528.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50347.78	397528.26

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	80000.00	80000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	219000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	86000.00	136850.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	195000.00	435850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	195000.00	435850.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42847.78	380028.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42847.78	380028.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Abbene, Michael, Patrick, ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A1A1AE7833E78426A99C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Adams, Eve, M, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A805246DA0C2A4B2FA3B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Adcock, Traci, Sue, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DVP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A6D03A6CDE8CB4BFAA82

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

150.00

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

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

FOR LINE NUMBER: PAGE 7 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Adeyemi, Oluwadamilola, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A59E3F961B11F453C828**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

B. Akafia, Martin, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Analytics & Rptg Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A5AE01FC9BE0C446A804**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Alexander, Scott, E, ,

Mailing Address 3405 Liberty Dr

City
SpringfieldState
ILZip Code
62704-6521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2EB5A0AA0F9D45A8A33**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

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

FOR LINE NUMBER: PAGE 8 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Amend, Nicole, C, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Coordination & Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A16EDA97CE06B4DAE91C**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Anifowoshe, Olumide, Ibrahim, ,

Mailing Address 500 Great Circle Road

City
NashvilleState
TNZip Code
37228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AF9B5EB503C4A45B7995**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Arges, Hiral, P, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Network Strategy & Transformation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : ADDDBD93549A04A4E933**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.00

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

FOR LINE NUMBER: PAGE 9 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Arrambidez, Jessica, K, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Contract Admin Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2093DD6DB8854C4498C**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Baca, Marlene, , ,

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 Service Corp.Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A36337E59FC474F86BC3**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Baldwin, Robert, A, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Manager Digital Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : ACD1A72254C0949DB849**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

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

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

FOR LINE NUMBER: PAGE 10 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Baptiste, Jimmy, , ,

Mailing Address 8101 W Sam Houston Pkwy S

City
Houston

State
TX

Zip Code
77072-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP National Account Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AE0ED9C5B1E6E47AE8B8

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Barrett, Jeffrey, W, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Dearborn Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A49C1B37A776C4DB89FF

Amount of Each Receipt this Period

170.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

C. Beck, Norman, K, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Enterprise Markets Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF4CADD78979C4D90A46

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

840.00

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

FOR LINE NUMBER: PAGE 11 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Beggs, April, Elizabeth, ,Mailing Address 202 W 13th St
206City
AustinState
TXZip Code
78701-1821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Director State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AFD7E3EE8D04F40C688A

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

B. Benton Baez, Danielle, , ,

Mailing Address 500 Great Circle Rd

City
NashvilleState
TNZip Code
37228-1583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A4F89DC023E814686ACB

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Berner, Monica, E, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
SVP Health Care Delivery & Product So

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8DFCF4F00338466A95A

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

564.00

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

FOR LINE NUMBER: PAGE 12 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Besler, Patrick, D, ,

Mailing Address 401 E Capitol Ave

City
SpringfieldState
ILZip Code
62701-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE037D972D6CD4093965

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Blickhan, Jeanette, M, ,

Mailing Address 1400 N 30th St

City
QuincyState
ILZip Code
62301-3476FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEED7FBA758CF43A8B87

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Boras, Tom, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
SVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A710B3F841C0C43FDA5A

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.00

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

FOR LINE NUMBER: PAGE 13 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Brainerd, Lucretia, Michele, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Medical Mgmt Trainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A42BB93DF915C45A2A29

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Bridge, Julie, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dearborn Life Insurance CoOccupation (for Individual)
Network Development Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8561C39929134D7EA2F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Brodersen, Blake, O, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB3AFEE52781D42B6AB8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 14 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Brown, Gail, A, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC5C1F23A5A8F4DBEAA

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Buckner, Tara, L, ,

Mailing Address 1001 East Lookout Drive

City
Richardson

State
TX

Zip Code
75082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Network Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0C7AF24355D04302AB0

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Burke, Claire, Catherine, ,

Mailing Address 701 E 22nd St

City
Lombard

State
IL

Zip Code
60148-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A14CE348421334F6AB06

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

330.00

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

FOR LINE NUMBER: PAGE 15 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Busse, John, Rawland, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A57A82C262C7D457C981

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Butler, Kelly, H, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Customer Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AF62428BD03D94A878EC

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Buzbee, Jennifer, Anne, ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir National Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACB25B623D7D24922957

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

460.00

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

FOR LINE NUMBER: PAGE 16 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Cabral, Corrie, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE3290B95C9C94B70A02

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Calderwood, Jennifer, Ann, ,

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 Service Corp.Occupation (for Individual)
Mgr Analytics & Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ADBF293ED86EC4C9796B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Cannon, Latonya, Marie, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8C119BD6A7A241D68B7

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Capp, Justin, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A60D839FB2ABA4B34867

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Carter, Deborah, S, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Unit Mgr Coding Investigation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AA628E0B669814239BFE

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Cassidy, Kevin, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
President Commercial Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8CAC7912245F4F229B3

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

808.00

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

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

FOR LINE NUMBER: PAGE 18 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Cavaness Mitchell, Dosetta, , ,

Mailing Address 8101 W Sam Houston Pkwy S

City
Houston

State
TX

Zip Code
77072-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP TX Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A5A057189BFBB4561B51

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

B. Chassay, Charles, Mark, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Health Care Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A62FC554D11DB461ABA8

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Chavez, Morgan, Claire, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
Albuquerque

State
NM

Zip Code
87113-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Health Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AA44BB62E23D040B487D

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

474.00

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

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

FOR LINE NUMBER: PAGE 19 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Cheney, Brian, M, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Market Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A4C26AB639FCB46FFAB9

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Chmiel, Radoslaw, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Real Estate Finance & Portfolio Ad

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF982627B804B43AFAFF

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

C. Citta, Carrie, L, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AA5705E0AB50E4DE48A1

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

574.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Clancy, Brandi, , ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB632A0FC4D9D4540901

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Clayburn, Ingrid, Clayburn, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Claims Reimbursement Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A905C1925F9B54ACC954

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Clignett, Syndee, Ivana, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Principal Analytics Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A5FE480211EE2457EB1E

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

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

FOR LINE NUMBER: PAGE 21 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Coleman, Marcia, D, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACF5E25FBC5F24B24A4C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Cook, Kerrie, A, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr National Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A213D401139264E64B47

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Cudzilo, Craig, R, ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Facilities Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A3959701E51604FF080D

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

150.00

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

FOR LINE NUMBER: PAGE 22 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Cunningham, Stephen, G., ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Network Modeling & Insights

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A16874CC57FEA4B84909**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Davis, Jeff, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Technology Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A26339524688F4018AE7**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Davis, Lynn, Margaret, ,

Mailing Address 1400 S. Boston Avenue

City
TulsaState
OKZip Code
74119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : ADBB2950B3A064CB78AD**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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

FOR LINE NUMBER: PAGE 23 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Davis, Tiffany, Nicole, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Exec Dir Pop Health & Vendor Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0CB3B8CD99CB45B989A

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

B. Desai, Paras, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Transformation & PMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE14A91354DC1406AAF5

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Deshmukh, Uday, Uttamrao, ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Luminare Health Benefits Inc.

Occupation (for Individual)

Vice President Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A848130CB9CA34F0E85D

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

460.00

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

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

FOR LINE NUMBER: PAGE 24 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Dhar, Nalin, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Exec Dir Enter Prog & Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB37F07001F6E493B9E0

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

B. Diaz, Grace, , ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Exec Dir QI & Accreditation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0AFA1798C4AE44B8B25

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Dillman, Brenda, S, ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Mgr Benefit Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC84C36BC5D744907A3E

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

270.00

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

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

FOR LINE NUMBER: PAGE 25 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Ding, Xiaoping, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Pharmacy Finance & Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB3CDD03CF63E4639884

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Dorrell, Robert, M, ,

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 Corp.

Occupation (for Individual)
Director State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A059BAC1529F14E8A9DE

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

C. Doyle, Erin, H, ,

Mailing Address 3500 Lacey Rd

City
Downers Grove

State
IL

Zip Code
60515-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC1186A0EFDADF48F8BF8

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

390.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Dozier, Kogee, monique, ,

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 Corp.

Occupation (for Individual)
Sr Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A4A3E073E890847ED91C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Dufek, Jill, S, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Operations Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A96A9B14B7E4C4283A09

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Duffy, Flavia, E, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
SVP Chief Customer Svc Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A1F262DCAA13E42E789A

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

624.00

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

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

FOR LINE NUMBER: PAGE 27 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. DuGoff, Eva, , ,

Mailing Address 799 9th St NW

City
Washington

State
DC

Zip Code
20001-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Executive Director - Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A11432D1B5EBC4D99BE7

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. Dunham, Riley, , ,

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 Corp.

Occupation (for Individual)
Government Relations Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB524C7588E9C4D2A8FD

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Dutton, Wendy, Ilene, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Client Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A37ECF8ADC4C545E89A1

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 28 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Easom, Clayton, , ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A32DF98386C134265A47

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Ellinger, Darlene, , ,

Mailing Address 500 Great Circle Rd

City
Nashville

State
TN

Zip Code
37228-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr IT Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A9377DBA0A68F431E954

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Ellis, James, F, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
AVP HR Strategic Bus Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A66D723A93A5643BFB41

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 29 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Else, Gregory, E, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Retail Monitoring & Ctrlrs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF4B5FA5178E54E2591F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Ernest, Opella, Finley, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
President HCSC Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A6ED8F0483921433D8E1

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Ernst, Abby, Clifton, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Pharmacy Programs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A1BA094B09E9E4F80B65

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

464.00

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

FOR LINE NUMBER: PAGE 30 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Escoe, Patricia, M, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A73B330E67B354531816

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Estes, Patty, A, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Network Innov/Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A1ECFECC86066452CA7B

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

C. Falati, Robert, G, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
IT Sr Anly&Rep Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A761B8ED74B8842769CB

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

380.00

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

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

FOR LINE NUMBER: PAGE 31 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Feddema, Lisa, Christine, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP National Market Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A172D7CA59DCB4C3D8C5

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Fernando, Mateo, , ,

Mailing Address 17806 W Interstate 10

City
San Antonio

State
TX

Zip Code
78257-8221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A9D7A65D10CF548ECA6C

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Foley, Shannon, M, ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mid Market Account Executiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC1AF26320E0A4F0798A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

484.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Frank, Michael, E.,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
EVP Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AA4CE2681E00E49D9B4B**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Funk, Jane, , ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Medicare Market Growth

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A4716AE6032224A4B805**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Galle, Katie, Marie Enid, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Medicaid Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AC2C1957E29554ECAA91**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

674.00

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

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

FOR LINE NUMBER: PAGE 33 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Gallo, Linda, Kay, ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AE80BD3134A9549658A7

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

B. Galvin, Paul, B., ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A58A5F705CAD94E18B87

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Garcia, Michael, C., ,

Mailing Address 4002 Loop 322

City
Abilene

State
TX

Zip Code
79602-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 21 / 2026

Transaction ID : ACA70359E48E34676973

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

220.00

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

FOR LINE NUMBER: PAGE 34 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Garza, Lisa, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Government Programs Market

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AAFFAEED8883A4244B1F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Gaytan, Brenna, Joy, ,

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 Service Corp.Occupation (for Individual)
Dir Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AC892F6ACB5EC4A179E8

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Gaytan, Cesar, Antonio, ,

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 Service Corp.Occupation (for Individual)
Dir Financial Rptg Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AC5E56A3A41DE4466AB3

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. German, Lillian, V., ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AFB784D5A3B804636A1A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Gibbons, Emily, , ,

Mailing Address 401 E Capitol Ave

City
SpringfieldState
ILZip Code
62701-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
State Government Relations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE74205F0D3904D49A20

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Giese, Clinton, C, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Product Mktg Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AA4CCEEFE6AB74B36887

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

210.00

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

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

FOR LINE NUMBER: PAGE 36 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Gieselman, David, B, ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AE39E0BE8C6C94FE8BA2

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Gilhooly, Kevin, John, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Technology Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A7688CC058CA24A47928

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Glover, Stephanie, Denise, ,

Mailing Address 6133 N River Rd
Ste 900

City
Rosemont

State
IL

Zip Code
60018-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luminare Health Benefits Inc.

Occupation (for Individual)
Executive Director Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A778D6FC33D7E4C2BB70

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 37 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Goldberg, Joshua, David, ,

Mailing Address 799 9th St NW

City
Washington

State
DC

Zip Code
20001-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Executive Director Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A40209DB4DCC041B8A71

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

B. Good, Daniel, August, ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1276.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A95EAE39F45DB48028A3

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Gordon, Leslie, Anne, ,

Mailing Address 500 Great Circle Rd

City
Nashville

State
TN

Zip Code
37228-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Operations Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 07 / 2026

Transaction ID : A803830C8D4FC404F903

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

494.00

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

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

FOR LINE NUMBER: PAGE 38 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Green, Kimberly, Ann, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

DSVP Corporate and Govt Prog Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0FFD6F0786904228989

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

B. Grober, Stephania, , ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Market Lead & President Western Mark

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AECC0CF3E92994490BAE

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Gupta, Sachin, , ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Corporate Development & Performa

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AAEE0A306AA5F48229C4

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

644.00

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

FOR LINE NUMBER: PAGE 39 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Hahn, Kathleen, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Clinical Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A80A2866A8F91481AADE**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Hammersley, Nova, B, ,

Mailing Address 3817 NW Expressway

City
Oklahoma CityState
OKZip Code
73112-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Sales and Mid Mkt/Natl Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A813EE42F7EF24E93ADC**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Hanan, Sarah, Ann, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Communications Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : ABAE4A346345D4841851**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Harris, Stephen, D, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
President Government Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2524CBD87D4C45D3919**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Harris, Tanesha, K, ,

Mailing Address 9442 N Capital of Texas Hwy

City
AustinState
TXZip Code
78759-7262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Network Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AAE939259022245B398B**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Havens, Frederick, M, ,

Mailing Address 9442 N Capital of Texas Hwy

City
AustinState
TXZip Code
78759-7262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A1B9201ED23AB406C85C**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.00

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

FOR LINE NUMBER: PAGE 41 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Haywood, Karen, , ,

Mailing Address 9442 N Capital of Texas Hwy

City
AustinState
TXZip Code
78759-7262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir ENA TRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A2DEA99192B4B128FE

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Heard, MackeJo, , ,

Mailing Address 4411 The 25 Way N.E.

City
AlbuquerqueState
NMZip Code
87109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Clinical Ops Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB372066B331945298C4

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Hermes, Matthew, J, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8818EFA707834A84BBB

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Higgins, Derrick, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Data Science & AI Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0028C4F103624AA9A20

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Hill Clapp, Julie Ann, , ,

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 Service Corp.Occupation (for Individual)
Sr Mgr Special Investigations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEC4B1F881C2C41C8BC7

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Hill, Lyle, , ,

Mailing Address 500 Great Circle Rd

City
NashvilleState
TNZip Code
37228-1583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Risk Adjustment

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A4CD1EFC699924554BC5

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

644.60

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

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

FOR LINE NUMBER: PAGE 43 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Hoffman, Todd, , ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Medical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A7A852634EA6F44CDBE5

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. Holmes, Dana, L, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Corporate Communications & PR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0113B349A07F41F780D

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Holmes, Kevin, S, ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Planning & Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A7A39E110583B4C5697B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

360.00

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

FOR LINE NUMBER: PAGE 44 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Holmes, Mary, Grace, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Digital Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AFF1B304147FA49D8B98

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Holtzman, Sari, , ,

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 Service Corp.Occupation (for Individual)
Lead Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A71193AF334304D3FB82

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Hosea, John, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP HR Delivery & Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A94BD99F10E8C4F00802

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

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

FOR LINE NUMBER: PAGE 45 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Huffman, Erin, M, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Account Executive III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB6D3D4D09A384CF19F9

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Hutchison, Laura, E, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Delivery Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE9D7AE0DC56941FD800

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Hutchison, Stephanie, J, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Prin Div Strategy Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A1D1250EDE75446C3AC4

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

484.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Imes, Robert, , ,

Mailing Address 799 9th St NW

City
WashingtonState
DCZip Code
20001-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

DSVP Government Relations and Healt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AD4217C58E68245BBBE7

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Irving, Jennifer, L, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Mgr Enterprise Accred Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE994C9064DFF46EFB47

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Jeffers, Deanna, , ,

Mailing Address 500 Great Circle Rd

City
NashvilleState
TNZip Code
37228-1583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Strategic Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AC72916299FEE4938B24

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

494.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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, Lisa, M, ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Infra Svc Del Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A558D9279AD8E425ABB6

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Johnson, Steven, , ,

Mailing Address 799 9th St NW

City
WashingtonState
DCZip Code
20001-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A13EB426084B64FDFAE0

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Johnson, Travis, B, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP Oklahoma

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A797251268F914CC493B

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330.00

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

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

FOR LINE NUMBER: PAGE 48 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Johns, Rodrick, P, ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Network Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AD3905181FBF444ABB1D

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Julien, Craig, , ,

Mailing Address 6133 N River Rd
Ste 900

City
Rosemont

State
IL

Zip Code
60018-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luminare Health Benefits Inc.

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A8A2AD8977FC4496FA85

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Kawas, Denise, V, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
Albuquerque

State
NM

Zip Code
87113-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A492AC4DDFFEA421EA54

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

464.00

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

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

FOR LINE NUMBER: PAGE 49 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Kaye, Jason, M, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Corp Real Estate & Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB4BB6123AA1F4029B86

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Kelley, Lisa, D, ,

Mailing Address 3645 Alice St

City
Helena

State
MT

Zip Code
59601-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Market Lead & President BCBSMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A1E9CEEF2D55E4E0EA9D

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Kelly, Richard, , ,

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 Corp.

Occupation (for Individual)
VP Network Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A792729B6BDFA4AD0917

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

784.00

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

FOR LINE NUMBER: PAGE 50 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Kerr, Kenneth, G, ,

Mailing Address 1300 E Pinecrest Dr

City
MarshallState
TXZip Code
75670-7356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Lead Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEA5ED59684B04CE7BF0

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Kilany, Omar, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Legal Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACDACA4620AE6435DA38

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Kimble, Rosalyn, , ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Quality Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0148ABC619BE4D0FA0B

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

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

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

FOR LINE NUMBER: PAGE 51 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Klein, Kathleen, Marie, ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
Albuquerque

State
NM

Zip Code
87113-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir Govt Prog Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A90D1084C3E8F428FABA

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Klempay, Laura, Gray, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
SVP Chief Legal Officer and Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC3EEF47762F24D37BB4

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction: \$200.00/Bi-Weekly

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

C. Knaub, Trisha, A, ,

Mailing Address 3500 Lacey Road

City
Downers Grove

State
IL

Zip Code
60515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Finance D&A Developer III

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0914846C83934FCD867

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

540.00

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

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

FOR LINE NUMBER: PAGE 52 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Knox, Eric, , ,

Mailing Address Work From Home

City
Home

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luminare Health Benefits Inc.

Occupation (for Individual)
CISO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC4172CCB098A47379FB

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

B. Kosky, John, E, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP, Legal & Chief Privacy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A632C6374A17D47B3B87

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Krzych, Brian, , ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Exec Dir & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AA2888891B8674929AAB

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

350.00

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

FOR LINE NUMBER: PAGE 53 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Kuhn, Alyce, Annette, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Value Improvement Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0E95A9AD602E407180B

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Lakshmanan, Mach, Mahesh, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Product Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AC5768285806D49C6BF3

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Leahy, Mary, A, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Exec Dir Infra Strat & Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A06A6ECF235D5444EB58

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Lee, Derrick, A, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Technology Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A68A75BD6FC1F462AA15**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Lembach, Robert, E, , Jr

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
SVP Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AADD4E80F006F4C66B30**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Lim, Arlene, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Corporate Legal&Transaction

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A6276716B66E647B8854**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

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

FOR LINE NUMBER: PAGE 55 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Lindsay, Heather, , ,

Mailing Address 11840 S Marshfield Ave

City
ChicagoState
ILZip Code
60643-4902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
AVP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AAD17245AE96F44EFAE9

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. Linton, Heather, M, ,

Mailing Address 1800 W. Loop S.

City
HoustonState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Sales & Account Management T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AD8EF435150BC42DFB88

Amount of Each Receipt this Period

220.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

C. Lowery, Melody, , ,

Mailing Address 1800 West Loop S

City
HoustonState
TXZip Code
77027-3272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Network Mgmt Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ADAC3A598385140BDA46

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

380.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Lozano-Alvarez, Jessica, Marisol, Mrs,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Prof Provider Network

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A1E965852B3D14242BBA

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. MacDonald, Virginia, L, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Account Executive III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A5C4B7B27DBE0486B8F4

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Macklis, Lauren, Nyhan, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Pharmacy and Provider Enablem

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A64BAA7CE697147339A3

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

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

464.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Mahoney, James, P, ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Small & Mid Market Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACFE44F4C04944D60B10

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

B. Manning, Robert, Henry, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8AA8F5381DE14790867

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Manring, Maureen, Theresa, ,

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 Service Corp.Occupation (for Individual)
Sr Mgr Sales Ops & Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A78AEEB157BD44D39A55

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

170.00

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

FOR LINE NUMBER: PAGE 58 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Mao, Kangyi, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP AI, Transformation & PMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A4E04A57E282D4B16AD1**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Marcelle, Chris, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Customer Service Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A1C0F61D5920940B9AB3**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Martinez, Benjamin, M, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Small & Mid Market Sales & Acco

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2D778E283BF14E88B32**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Martin, Jeff, Lynn, ,

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 Service Corp.Occupation (for Individual)
Sr Managing Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A6F01EFA95F9D4DD7B96

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

B. Matthews, Wilbert, Eugene, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Government Business Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AFE5983C6B0E340DF91C

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Mattocks, Alicia, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8C440DD12DDC43DB8E3

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

270.00

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

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

FOR LINE NUMBER: PAGE 60 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Maute, Donald, , ,

Mailing Address 500 Great Circle Rd

City
Nashville

State
TN

Zip Code
37228-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Engineering Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A2E5FCAF93DD848F6BCA

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. McCollum, Michael, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Infra Exec Support Anl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC4C10EFA017F4807964

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. McGuffin, Addison, , ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP, Stakeholder Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AD70097D51B9547DF8C7

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. McKenzie, JoKayla, , ,

Mailing Address 500 Great Circle Rd

City
NashvilleState
TNZip Code
37228-1583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Medicare Oversight

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A64DFD38296D34A3DAD7

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. McQuarters, Waleska, , ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AA089712E518E4B46A0A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Medina, Stacey, , ,

Mailing Address 1800 West Loop S

City
HoustonState
TXZip Code
77027-3272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Clinical Account Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB6C4AFD6A3AB40E880A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 62 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Mihu, Iuliana, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A5D375AC58CE244E3B5D

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Milcarek, Michelle, A, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Enterprise Qual & Accred

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A5989D98DB3A247B781D

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Miller, Lisa, Leigh, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AAD4E9A883B154E8EB93

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Miller, Peggy, Irene, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Program Oversight

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A2B215DACB4CD4BF3B0f

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Miller, Ryeann, K, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A87DD43E7A8D64FEE912

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Mollin, Jamie, B, ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Head of Individual Medicare Sales and

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A7871FDD29B394867B90

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 64 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Morella, Kymberly, A, ,

Mailing Address 1400 S Boston Ave

City
Tulsa

State
OK

Zip Code
74119-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
NA Sr Strategic Account Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0926C15F411845D2B9A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Morgan, Scott, M, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
SVP Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A7CE48B8941C641BE8FC

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Moss, Darrell, Russell, ,

Mailing Address 3500 Lacey Rd

City
Downers Grove

State
IL

Zip Code
60515-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Claims Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AE06EA2ACECD744FF880

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

624.00

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

FOR LINE NUMBER: PAGE 65 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Mott, Dana, C, ,

Mailing Address 799 9th St NW

City
WashingtonState
DCZip Code
20001-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2B296C4C21B3446CA53**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$125.00/Bi-Weekly

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

B. Mulholland, Melissa, , ,

Mailing Address 799 9th St NW

City
WashingtonState
DCZip Code
20001-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Executive Director Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2430635EB0F044C98DE**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Mullins, Douglas, Bruce, ,

Mailing Address 3625 Amhurst Pkwy

City
WaukeganState
ILZip Code
60085-8341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DBA Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A1DEFAD11F6A5456CAD3**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

380.00

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

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

FOR LINE NUMBER: PAGE 66 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Muniz, Christopher, J, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A849D545AEA254CF6BDE

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

B. Myers, Dale, , ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Mgr Network Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : ACAAAE7EB7F044CACB92

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Myers, Lucinda, , ,

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 Corp.

Occupation (for Individual)
Tribal Relations Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AA18F652671164F41BB8

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

220.00

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

FOR LINE NUMBER: PAGE 67 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Myers, Michael, W, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A56096A72B167418CB42**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Nageotte, Noreen, , ,Mailing Address 2800 N. Loop West
Suites 600 and 700City
HoustonState
TXZip Code
77092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CareAllies Inc.Occupation (for Individual)
Chief Growth Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2BA2358BA11149738BF**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Newman, Karen, M, ,

Mailing Address 1800 West Loop S

City
HoustonState
TXZip Code
77027-3272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A69B34CFAFEF546A7BA0**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Nguyen, Ann, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Medicare Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A97B475A4B89C40F7B0B**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Nordahl, Rhonda, L, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Ind Medicare Sales Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AB280C09060AF439CA47**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Nunn, Karen, K, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Financial Operations & Strategic In

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A99CC59A6251247099CF**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

440.00

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

FOR LINE NUMBER: PAGE 69 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Ofosu, Yaw, K, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
AVP HCM Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1655.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A79C3304D0FB84F22A20**

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

B. O'Keeffe, John, P, ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Regulatory Imp Consulting Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AA4D481A793504A659DC**

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

C. Olson, Melodie, A, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A8194DC5A95684FF9988**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. ONeil, Patrick, Brian, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr UX Product Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB822B0522C2B43B1AB4

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Ortega, Esteban, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Systems Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A34D274B661AB427FA33

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Ortiz, Brenda, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Markets Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8631D83C20344338800

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

280.00

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

FOR LINE NUMBER: PAGE 71 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Oswalt, Frank, V, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Procurement & Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A95AD323A61524147831**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Oswalt, Tina, R, ,

Mailing Address 1300 E Pinecrest Dr

City
MarshallState
TXZip Code
75670-7356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : ABF3DC52B3E30460F9BA**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Ott, Gwendolen, Rashell, ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Lead Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A682B2C6C54CA4108A46**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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

FOR LINE NUMBER: PAGE 72 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Palmer, Corey, , ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP Montana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AFADD5987604B466F9C7**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Parish, Brooke, Snowden, ,

Mailing Address 4411 The 25 Way N.E.

City
AlbuquerqueState
NMZip Code
87109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Executive Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A405D9B93DEC94FF1BF9**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Parisi, Matthew, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Business Data Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A2D42AD158E9C45A5834**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

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

FOR LINE NUMBER: PAGE 73 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Parker, Brenda, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dearborn Life Insurance CoOccupation (for Individual)
Strategic Consulting Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A2FC1A239F120406FB1F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Parker, Kirs, H, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A4A61C4E73B5A47F7A1C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Patel, Rahul, S, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP National Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AD4D1927E688C41B8B86

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 74 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Pearson, Elizabeth, L, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Database & Info Mgmt Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC244E1674A534721AC9

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Peregrino, Robert, Philip, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A7E76248D44F1451B99F

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Peterson, Fred, A, ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Procurement & Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A1C8B438AB79A4D3985B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

140.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Petherick, John, Thomas, ,

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 Corp.

Occupation (for Individual)
AVP State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A6E7DC26A0A024F4CBA4

Amount of Each Receipt this Period

220.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

B. Petrassi, Vincenzo, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Chief Technology and Information Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A42F1DAEDF8FB43B0AF4

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Pierre-Auguste, Cori, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Budgets & Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AE748B726E4FB47F6BE3

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

460.00

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

FOR LINE NUMBER: PAGE 76 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Pierson, Shawn, Melissa, ,

Mailing Address 3500 Lacey Road

City
Downers GroveState
ILZip Code
60515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Unit Mgr Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A44BDAB39FC394079B02**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Pipkin, Jarrell, Wayne, ,

Mailing Address 1001 East Lookout Drive

City
RichardsonState
TXZip Code
75082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Accreditation Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A576B4461D31348F39F1**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Powell, Angela, L, ,

Mailing Address 3817 NW Expressway

City
Oklahoma CityState
OKZip Code
73112-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Contract Administr Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AF9532ECE318A4E34B56**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Prasad, Arun, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

EVP President of IFM & Diversified Bus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : A9574E179943F44AE97A

Amount of Each Receipt this Period

192.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Prasad, Arun, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

EVP President of IFM & Diversified Bus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : AA25EF31E94F84757B52

Amount of Each Receipt this Period

5.50

☐ Memo Item

Payroll Deduction: \$5.50/Bi-Weekly

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

C. Pratt, Eric, M, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Exec Dir Enter Prog & Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A48BB10E58AE749C4A47

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

297.50

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

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

FOR LINE NUMBER: PAGE 78 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Pride, Dena, Michelle, ,

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 Corp.

Occupation (for Individual)
Sr Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A22E26DF7F4DC4390AB7

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Quick, Jessica, Ann, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

08 / 21 / 2026

Transaction ID : ACBE7A375C56F460BA8F

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Raja Shankar, Latha, , ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
Albuquerque

State
NM

Zip Code
87113-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Enterprise Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB64B1FBB60F44D12B85

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

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

560.00

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

FOR LINE NUMBER: PAGE 79 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Rakoczy, Amy, Joy, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEE7712AF260F4EFEAEE

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Rao Kathi, Gnana, R, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Treasury & Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8298A542216C4969A6F

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Reddy, Vikram, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Corporate Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AF664DBED4BA246A6AC8

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

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

534.00

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

FOR LINE NUMBER: PAGE 80 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Redman, David, A, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Actuarial-Financial Tec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A5E283976F83E494786F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Reid, Christine, E, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir HR Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AD5E8506F894143068B0

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Roach, Cathy, L, ,

Mailing Address 4242 Sunset Dr

City
San AngeloState
TXZip Code
76904-5652FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0D3B7A8AC5664B77898

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 81 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Roberts, Monique, D, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A8F10B45E516A4E4E960

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Robinson, Derek, J, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Health Care Management & Chi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A20F91E4473454E308B0

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

C. Rodgers, Tamaal, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Subsidiary Ops Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A2783C57D5F1F4A618E2

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Romero, Sabrina, J, ,

Mailing Address 4411 The 25 Way N.E.

City
AlbuquerqueState
NMZip Code
87109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir BH Clinical Ops Govt Prog

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A4FF37DF9C58942DE836

Amount of Each Receipt this Period

280.00

☐ Memo Item

Payroll Deduction: \$70.00/Bi-Weekly

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

B. Rutkowski, Allison, , ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Technology Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACF00DE27AB63424EA31

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Sacarelos, Maristella, , ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A9FE0BC43169C412AB3A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

360.00

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

FOR LINE NUMBER: PAGE 83 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Sanchez, Tanya, Renee, ,

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 Service Corp.Occupation (for Individual)
Manager Network Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A85A4405C92E9486097C

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Santos, Clarita, Guintu, ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Corp & Civic Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A6BEEEE57D8B2493692B

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

C. Saraco, Michael, S, ,

Mailing Address 3645 Alice St

City
HelenaState
MTZip Code
59601-8656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Infra Svc Del Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB49DDE806F6341A0BD9

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Schneider, Jennifer, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr IT Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE69285D3ACA24FDC95A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Schroeder, Leslie, D, ,

Mailing Address 500 Great Circle Rd

City
NashvilleState
TNZip Code
37228-1583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Pharmacy Utilization Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A84535ABB41D64A798E7

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. Schwegel, John, G, ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A3D78B75E90D849C68F4

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

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

FOR LINE NUMBER: PAGE 85 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Selck, Kathleen, , ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DSVP Chief Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEDC2B6B523384FCC9FA

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Servedio, Leonard, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A5148E52B05B24343A04

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

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

C. Seybert, John, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Managing Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A535F4561EB3B449AACF

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

674.00

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

FOR LINE NUMBER: PAGE 86 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Shaffer, Randy, C, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AD44639B067C0459099D

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Shahan, Jennifer, Wynette, ,

Mailing Address 4002 Loop 322

City
AbileneState
TXZip Code
79602-7330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Primary Nurse Case Admin I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A73C5DE0467774FE8A71

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Simmons, Debra, L, ,

Mailing Address 401 E Capitol Ave

City
SpringfieldState
ILZip Code
62701-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AF7B7D3A8264D47B5A27

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

290.00

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

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

FOR LINE NUMBER: PAGE 87 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Slavin, Paul, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Total Rewards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A594C23580E98427E85D

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Sloan, Stacy, F, ,

Mailing Address 8101 W Sam Houston Pkwy S

City
HoustonState
TXZip Code
77072-5077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Lead Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A92555C11FD2E41DDA48

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Slott, Leslie, H, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A2137582F2A2C4F11A76

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

310.00

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

FOR LINE NUMBER: PAGE 88 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Smith, Joseph, L., ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AA93A6BE50BA647ABBA

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Smith-Leslie, Nancy, , ,

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 Service Corp.Occupation (for Individual)
VP NM Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A6D7223F67E924E53B06

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Smith, Mandy, Lynn, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Large Mkt Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8DCE4C2977E844BCB7A

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

484.00

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

FOR LINE NUMBER: PAGE 89 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Smith, Matthew, Thomas, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Executive Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A68EE6C6A5EBD49578BA**

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

B. Smith, Maurice, S, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Chairman, President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A97108D6B61784E9AA70**

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/Bi-Weekly

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

C. Smyth, Tasha, Denise, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Medicaid Contract Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AA3AC908C5776459C929**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

654.62

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

FOR LINE NUMBER: PAGE 90 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Snell, Brian, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Market Lead & President BCBSIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A24A7EF0D3726454CA08

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Snowden, Kayla, Loretta, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Prov Data Strat&Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ACBDFD43B34C546CD83F

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Socha, Grzegorz, Pawel, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Development Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : ADEAF292EF1D04137A48

Amount of Each Receipt this Period

170.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

430.00

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

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

FOR LINE NUMBER: PAGE 91 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Sondgeroth, Douglas, Allen, ,

Mailing Address 6133 N River Rd
Ste 900

City
Rosemont

State
IL

Zip Code
60018-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Legal Sales & Subsidiary Organizati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB314A572E5AA4BA7996

Amount of Each Receipt this Period

220.00

☐ Memo Item

Payroll Deduction: \$110.00/Bi-Weekly

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

B. Soto, Miguel, A, ,

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 Corp.

Occupation (for Individual)
Sr Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A30C0A6C0514742F7A21

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Spohnholtz, Theodore, Kenneth, ,

Mailing Address 300 E. Randolph Street

City
Chicago

State
IL

Zip Code
60601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Chief Procurement Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AA23504EBAA2A42FFAFA

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

460.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Springfield, James, G, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Market Lead & President BCBSTX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3281.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Transaction ID : AA1E80DD9D0484526A66

Amount of Each Receipt this Period

386.00

☐ Memo Item

Payroll Deduction: \$193.00/Bi-Weekly

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

B. Steffl, Jerome, L, ,

Mailing Address 799 9th St NW

City
WashingtonState
DCZip Code
20001-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

VP Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Transaction ID : AF810A71FFBBA462D833

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Suarez, Benjamin, Paul, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Mgr Large Market Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Transaction ID : A01340A8465224A1BB4F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

626.00

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

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

FOR LINE NUMBER: PAGE 93 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Sumner, Mallory, , ,

Mailing Address 9442 N Capital of Texas Hwy

City
Austin

State
TX

Zip Code
78759-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Dir Public Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A91CD1400C1324873B89

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Suter, Robert, Neil, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF36984FCAA544C53974

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Sutton, Lillian, Michelle, ,

Mailing Address 1001 East Lookout Drive

City
Richardson

State
TX

Zip Code
75082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A54AD7FAC48324B689FE

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 94 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Swanton, Joshua, Aaron, ,

Mailing Address 3645 Alice St

City
Helena

State
MT

Zip Code
59601-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Process Consultant I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A6A4767E53C29403B973

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Swierczek, Brian, J, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
VP Markets Business Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF5B068E44EF445AFA33

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Tan, Ping, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr Mgr Data Science

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AF8C6335E4F72476FB9C

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

310.00

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

FOR LINE NUMBER: PAGE 95 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Tate, Melisa, , ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Appeals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A557BCE0A77294B7FB60**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Taylor, Tina, Marie, Mrs,

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 Service Corp.Occupation (for Individual)
Sr Dir Medicaid Programs NM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A0626E91FCA7E4A38A1E**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

C. Terry Michener, Jill, , ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A0A610C8D45534ACEAB3**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

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

FOR LINE NUMBER: PAGE 96 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Thomas, Eugenie, , ,

Mailing Address 2215 Southwest Pkwy

City
Wichita FallsState
TXZip Code
76308-5007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sup Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AAF2FE1F5755748538C4

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Thrower, Tony, Charles, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Dir Large/Natl Market Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A0873E5C5E68C4394A7B

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Thunander, Matthew, G., ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Chief Accounting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AE4520A563C71442D830

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

300.00

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

FOR LINE NUMBER: PAGE 97 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Toomey, Christopher, S, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A51A06227694F4DEBB73

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Torrez, Janice, M, ,

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 Service Corp.

Occupation (for Individual)

Market Lead & President BCBSNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AEBEA7F8EE39544BA80F

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

C. Townsend, Brooke, E, ,

Mailing Address 3817 NW Expressway

City
Oklahoma CityState
OKZip Code
73112-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Care Service Corp.

Occupation (for Individual)

Sr Dir Community Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A9FB0F11B7F9F4E8DBF0

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

494.00

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

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

FOR LINE NUMBER: PAGE 98 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Trammell, Darryl, Eugene, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Dir Credit Union

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AB869193F6CCB40A2A4F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Trejo, David, Michael, ,

Mailing Address 1001 E Lookout Dr

City
Richardson

State
TX

Zip Code
75082-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Behavioral Health Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A5123BA914A1A48EA99C

Amount of Each Receipt this Period

308.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

C. Turk, Shelley, Catherine, ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
DSVP Network Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A215505FD1C624F869C3

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

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

548.00

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

FOR LINE NUMBER: PAGE 99 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Turnbull, Manika, M, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
SVP Chief People Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A173D8ED7A82F459F9B0**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Turner, Deborah, L, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Data & Delivery Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A5E6B0EAAA9E3420D894**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Vahey, Michael, James, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AC96C89D46D2A4937B87**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

534.00

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

FOR LINE NUMBER: PAGE 100 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Vahey, Michael, James, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB0AC9AF5916844BB93D

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Vallo, Bonita, A, ,

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 Service Corp.Occupation (for Individual)
Medicaid Contract Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A630F9788C1904C15A62

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Vigil, Stefanie, F., ,

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 Service Corp.Occupation (for Individual)
Clinical Strategy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AC5088B346F62457BB98

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

130.00

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

FOR LINE NUMBER: PAGE 101 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Volkin, Laurie, Ann, ,

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 Service Corp.Occupation (for Individual)
Dir Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A04BD46D21AD24250BE9**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Vu, Lan, Nguyen, ,

Mailing Address 1001 E Lookout Dr

City
RichardsonState
TXZip Code
75082-4144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Principal Data Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A6ADE86768FD04406A3D**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Wagner, Megan, , ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Markets Pharmacy Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A8EF28A6108CC42FDA2D**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 143
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Walker, Jennifer, K., ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
DVP Payment Svc Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A71E68A29B0C341D6B21**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Walker, Lassie, L., ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A6D6C2062A09C45F79C6**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Walker, Nicole, Lynn, ,

Mailing Address 300 E. Randolph Street

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Operations Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : AC74B25D30DFC4307847**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

340.00

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

FOR LINE NUMBER: PAGE 103 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Walsh, James, Edward, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
EVP Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A2EC9C34413D6410C8BB

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Warden, David, , ,

Mailing Address 701 E 22nd St

City
LombardState
ILZip Code
60148-5095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dearborn Life Insurance CoOccupation (for Individual)
VP Commercial Markets Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : AB0694934E4F14FF6964

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Warneke, Christopher, G, ,

Mailing Address 3500 Lacey Rd

City
Downers GroveState
ILZip Code
60515-5422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr IT Environment Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A8593B743B39840CEAEF

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

674.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Washington, Marc, E, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : AF4139D9A800C4A51BF0

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Waters, Edwin, Carey, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : A8550231F80E5477BAF9

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Waters, Evonne, , ,

Mailing Address 1000 E Warrenville Rd

City
NapervilleState
ILZip Code
60563-1867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Program Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : A533BF397E65E420A84C

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

290.00

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

FOR LINE NUMBER: PAGE 105 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Watson, Janet, L, ,

Mailing Address 1400 S Boston Ave

City
TulsaState
OKZip Code
74119-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Mgr Network Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A5EEA78309CBB4CE6A9E**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Watson, Robert, R, ,

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 Service Corp.Occupation (for Individual)
Ind Medicare Sales Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A275338BB39FD401BBC3**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Weathersby, Daniel, Eugene, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Technology Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A87F44846BF1B412CBE3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

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

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

FOR LINE NUMBER: PAGE 106 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Wesselink, Adam, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sr IT Delivery Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A2BEB2A023489423CAD7

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Wever, Karen, C, ,

Mailing Address 1001 East Lookout Drive

City
Richardson

State
TX

Zip Code
75082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dearborn Life Insurance Co

Occupation (for Individual)
Chief Dental Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A33D3C5446D1B4D48845

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

C. White Davis, Lara, , ,

Mailing Address 5701 Balloon Fiesta Pkwy NE

City
Albuquerque

State
NM

Zip Code
87113-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 21 / 2026

Transaction ID : AC39C2C7C517E427984F

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 143
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. White, Alex, , , JrMailing Address 114 Mesa Park Dr
Ste 300City
El PasoState
TXZip Code
79912-6321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Network Mgmt Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A03B1F8611C18450D87E

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. White, Kevin, S, ,

Mailing Address 500 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Mgr Analytics Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A032F1FB7391A4004A03

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Winters, Lauren, , ,

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Exec Dir Digital Product Line

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : A7FAE9DCBA5DA48D0866

Amount of Each Receipt this Period

170.00

☐ Memo Item

Payroll Deduction: \$85.00/Bi-Weekly

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

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

250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 OF 143

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Wohlhart, Nancy, T, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
President Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : ABCD31A02325A4776992

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. Wolowitz, Jill, A, ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
EVP Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : A477AB24B654D4733A5E

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction: \$200.00/Bi-Weekly

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

C. Yang, Yvonne, D., ,

Mailing Address 300 E Randolph St

City
ChicagoState
ILZip Code
60601-5014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.Occupation (for Individual)
Sr Dir Govt Prog Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	21	2026

Transaction ID : A6D6FCBE9E6534A66977

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

824.00

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

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

FOR LINE NUMBER: PAGE 109 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. York, Claire, S.,

Mailing Address 1001 East Lookout Drive

City
Richardson

State
TX

Zip Code
75082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Sales VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A31053A2C17A0414F8B8

Amount of Each Receipt this Period

384.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

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

B. York, Jason, , ,

Mailing Address 4411 the 25 Way NE

City
Albuquerque

State
NM

Zip Code
87109-5857

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Process Consultant II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A0B15800174A54AB0975

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Young, LeShawne, , ,

Mailing Address 300 E Randolph St

City
Chicago

State
IL

Zip Code
60601-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care Service Corp.

Occupation (for Individual)
Network Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 21 / 2026

Transaction ID : A55328020061A489C85C

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

454.00

40028.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 143
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☒ 16
			☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Robin Kelly For Congress

Mailing Address PO Box 101199

City
ChicagoState
ILZip Code
60610-8913FEC ID number of contributing
federal political committee.**C**

C00539866

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : A3803DFB1FEAB4C62963**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of 4/29/2025 contribution

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

B. Texans For Senator John Cornyn Inc.

Mailing Address PO Box 13026

City
AustinState
TXZip Code
78711FEC ID number of contributing
federal political committee.**C**

C00369033

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2026**Transaction ID : A770AD118C9AC407BB7F**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Refund of 8/20/2025 General Contribution

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

7500.00

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 143

☐ 21b	☒ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Health Care Service Corporation PAC - Texas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2026

Mailing Address 300 E. Randolph St.
39th FloorCity
ChicagoState
ILZip Code
60601-5014

Purpose of Disbursement

Transfer to Affiliated Cmte.

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : B7156ADC9E**

Amount of Each Disbursement this Period

80000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80000.00

80000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 143

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Foster For Congress

Mailing Address PO Box 9104

City
AuroraState
ILZip Code
60598

Purpose of Disbursement

Contribution to Committee

Candidate Name

Foster, Bill, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C C00435099

Transaction ID : BEAA4D7D5C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Mailing Address P.O. BOX 11519

City
CHARLESTONState
WVZip Code
25339

Purpose of Disbursement

Contribution to Committee

Candidate Name

Capito, Shelley, Moore, Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify)

State: WV District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C C00539825

Transaction ID : B8A085039F9

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Party of Illinois

Mailing Address PO Box 518

City
SpringfieldState
ILZip Code
62705

Purpose of Disbursement

Contribution to Committee

Candidate Name

Democratic Party of Illinois

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C C00167015

Transaction ID : B9B465AE7E

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 143

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUY FOR CONGRESS

Mailing Address P.O. BOX 23177

City
PittsburghState
PAZip Code
15222

Purpose of Disbursement

Contribution to Committee

Candidate Name

Reschenthaler, Guy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1							2026

FEC Identification Number

C C00657833

Transaction ID : B8F5AEAF9E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jace Yarbrough for Congress

Mailing Address PO BOX 1102

City
RockwallState
TXZip Code
75087-1102

Purpose of Disbursement

Contribution to Committee

Candidate Name

Yarbrough, Jace, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 32

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1							2026

FEC Identification Number

C C00930297

Transaction ID : B8A00A45F01

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAKE ELLZEY FOR CONGRESSMailing Address 791 HWY 77 N
STE-C #258City
WAXAHACHIEState
TXZip Code
75164-2469

Purpose of Disbursement

Contribution to Committee

Candidate Name

Ellzey, Jake, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5							2026

FEC Identification Number

C C00770438

Transaction ID : BEC0F459B3

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 143

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARCHING ONWARD PACMailing Address 1030 15TH ST NW
#104City
WashingtonState
DCZip Code
20005-1503

Purpose of Disbursement

Contribution to Committee

Candidate Name

MARCHING ONWARD PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Other

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	2	6		

FEC Identification Number

C C00886390

Transaction ID : B260C5DE25

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARK HARRIS FOR CONGRESS

Mailing Address PO BOX 1350

City
NORWOODState
NCZip Code
28128

Purpose of Disbursement

Contribution to Committee

Candidate Name

Harris, Mark, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify)

State: NC

District: 08

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6		

FEC Identification Number

C C00850404

Transaction ID : B32F7A24C7

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE KENNEDY FOR UTAHMailing Address 55 N MERCHANT STREET
#1324City
AMERICAN FORKState
UTZip Code
84003

Purpose of Disbursement

Contribution to Committee

Candidate Name

Kennedy, Michael, S., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT

District: 03

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6		

FEC Identification Number

C C00864488

Transaction ID : B571F730F3

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 143

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW YORKERS FOR YVETTE D CLARKE

Mailing Address PO BOX 250200

City
BrooklynState
NYZip Code
11225-0200

Purpose of Disbursement

Contribution to Committee

Candidate Name

Clarke, Yvette, D., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	2	6		

FEC Identification Number

C C00398941**Transaction ID : B1F1D61257**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICENTE GONZALEZ FOR CONGRESS

Mailing Address PO BOX 6270

City
BROWNSVILLEState
TXZip Code
78523

Purpose of Disbursement

Contribution to Committee

Candidate Name

Gonzalez, Vicente, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 34

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6		

FEC Identification Number

C C00592659**Transaction ID : B614BBD2EE**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

5000.00

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

29000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. A New Day for New Mexico

Mailing Address 8100 Wyoming Blvd NE, Ste M4-336

City
AlbuquerqueState
NMZip Code
87113-1963

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	6		

FEC Identification Number

C Transaction ID : BBB29B1DB

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson for IllinoisMailing Address 4343 16th St
#300City
MolineState
ILZip Code
61265-7009

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

FEC Identification Number

C Transaction ID : B19EC8A8DB

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brad Stephens for State RepresentativeMailing Address 9501 Technology Blvd
Suite 4110City
RosemontState
ILZip Code
60018-5234

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

FEC Identification Number

C Transaction ID : B255D8EC1A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Amy Elik

Mailing Address PO Box 205

City
AltonState
ILZip Code
62002-0205

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

FEC Identification Number

C

Transaction ID : BB04DC0B5/

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for C D Davidsmeyer

Mailing Address PO Box 401

City
JacksonvilleState
ILZip Code
62651-0401

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

FEC Identification Number

C

Transaction ID : B1B87D7FBB

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Castro

Mailing Address PO Box 1506

City
ElginState
ILZip Code
60121-1506

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

FEC Identification Number

C

Transaction ID : B10D875E76

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Charlie Meier

Mailing Address 203 S Abby Rd

City
OkawvilleState
ILZip Code
62271-2152

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BF5E8E6C01

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Colonel Craig Wilcox

Mailing Address PO Box 543

City
RingwoodState
ILZip Code
60072-0543

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B8A0F34401E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Dan Ugaste

Mailing Address 399 Southampton Dr

City
GenevaState
ILZip Code
60134-2565

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B4CAD45693

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Jackie Haas

Mailing Address 162 Meadows Road S

City
BourbonnaisState
ILZip Code
60914-1127

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BA28B76CD0

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for John Cabello

Mailing Address 324 N Pier Dr.

City
Machesney ParkState
ILZip Code
61115

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BD30A22D45I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR KYLE A. MOORE

Mailing Address 5012 Chestnut Street

City
QuincyState
ILZip Code
62305-1156

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B900C0E16B

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Laura Murphy

Mailing Address P.O. Box 13

City
Des PlainesState
ILZip Code
60016-0001

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B7682F71843

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Marcus C Evans Jr

Mailing Address PO Box 1043

City
ChicagoState
ILZip Code
60690-1043

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B53FF72F556

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Michael E. Hastings

Mailing Address PO Box 162

City
Tinley ParkState
ILZip Code
60477

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B814DA4E47

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Mike Coffey

Mailing Address 1604 Hubbard Ln

City
SpringfieldState
ILZip Code
62704-3288

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BD19F9946D

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Patrick Windhorst

Mailing Address PO Box 763

City
MetropolisState
ILZip Code
62960-0763

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B2CDD87590

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Sara Feigenholtz

Mailing Address 3213 N Wilton Ave. Apt. A

City
ChicagoState
ILZip Code
60657-2280

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BDC1AA3EC

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR SCHWEIZER

Mailing Address 15752 E. 2150 North Road

City
DanvilleState
ILZip Code
61834-5751

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B03798FB504

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Adam Niemerg

Mailing Address 10411 N 2000th St.

City
DieterichState
ILZip Code
62424-2152

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B5227A1DFD

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Alan MartinezMailing Address Room 202-B
490 Old Santa Fe TrailCity
Santa FeState
NMZip Code
87501-2749

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C

Transaction ID : B305ED7ED

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Elect Catherine Cullen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Mailing Address 7820 Enchanted Hills Blvd NE
STE A 154City
Rio RanchoState
NMZip Code
87144-8644

FEC Identification Number

C

Transaction ID : BD7C5BA8D

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Derrick Lente

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Mailing Address 70 Kuaua Street

City
Sandia PuebloState
NMZip Code
87004

FEC Identification Number

C

Transaction ID : BE7D8BD7FE

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Committee to Elect Doreen Ybara Gallegos

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Mailing Address 4301 Summit Lane

City
Las CrucesState
NMZip Code
88011-7550

FEC Identification Number

C

Transaction ID : B8A43DAC7

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT ELAINE SENA CORTEZ

Mailing Address PO Box 1785

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	6		

City
HobbsState
NMZip Code
88241-1785

FEC Identification Number

C

Transaction ID : B289502046A

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Harlan VincentMailing Address Room 203-FN
490 Old Santa Fe Trail

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	6		

City
Santa FeState
NMZip Code
87501-2749

FEC Identification Number

C

Transaction ID : BB79935A49f

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jay C. Hoffman

Mailing Address PO Box 23738

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

City
BellevilleState
ILZip Code
62223-0738

FEC Identification Number

C

Transaction ID : BAC12E715F

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jenifer Jones

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Mailing Address Room 203-A

490 Old Santa Fe Trail

City
Santa FeState
NMZip Code
87501-2749

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : B7911261219

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT KATHLEEN CATES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Mailing Address PO Box 15631

City
Rio RanchoState
NMZip Code
87174-0631

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify)	

State:

District:

FEC Identification Number

C

Transaction ID : BAA336AD0F

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Meg Loughran Cappel

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

Mailing Address 529 Northgate Lane

City
ShorewoodState
ILZip Code
60404-6801

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : B17598A265I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT NICOLE CHAVEZ

Mailing Address PO Box 53271

City
AlbuquerqueState
NMZip Code
87153-3271

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	6			

FEC Identification Number

C **Transaction ID : B0A1DCA15/**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Terri Bryant

Mailing Address PO Box 363

City
MurphysboroState
ILZip Code
62966-0363

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6			

FEC Identification Number

C **Transaction ID : B13D01924EE**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Gail Armstrong

Mailing Address P.O. Box 326

City
MagdalenaState
NMZip Code
87825

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	6			

FEC Identification Number

C **Transaction ID : B0887CCC72**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Rebecca Dow

Mailing Address 806 Sierra Vista

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

City
Truth Or ConsequencesState
NMZip Code
87901-1548

FEC Identification Number

C

Transaction ID : BEEF8B0BF0

Amount of Each Disbursement this Period

500.00

☐ Memo ItemPurpose of Disbursement
Contribution to State Committee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Daniel Didech Campaign Committee

Mailing Address PO Box 4959

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

City
Buffalo GroveState
ILZip Code
60089-4959

FEC Identification Number

C

Transaction ID : BEA7FEB185

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Dave Syverson Campaign Committee

Mailing Address PO Box 245

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

City
Cherry ValleyState
ILZip Code
61016-0245

FEC Identification Number

C

Transaction ID : B21DC6A565

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ellman for IL Senate D21

Mailing Address PO Box 4527

City
NapervilleState
ILZip Code
60567-4527

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6		

FEC Identification Number

C**Transaction ID : B215FEE908I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Erica for Illinois

Mailing Address PO Box 228

City
Glen CarbonState
ILZip Code
62034-0228

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6		

FEC Identification Number

C**Transaction ID : BBBD6DB35F**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Faraci for Senate

Mailing Address 1004 Barclay Court

City
ChampaignState
ILZip Code
61821-7020

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6		

FEC Identification Number

C**Transaction ID : B8FA14079A**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Eva Dina Delgado

Mailing Address 2441 N St. Louis Ave

City
ChicagoState
ILZip Code
60647-2405

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B5E4744B19

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for Katie Stuart

Mailing Address PO Box 591

City
EdwardsvilleState
ILZip Code
62025-0591

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B81972B5D8

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Larry Walsh Jr

Mailing Address PO Box 69

City
ElwoodState
ILZip Code
60421-0069

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BB705E275A

Amount of Each Disbursement this Period

 1000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 130 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for State Rep Anthony DeLuca

Mailing Address 852 Mackler Dr.

City
Chicago HeightsState
ILZip Code
60411-2049

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BB0068B197

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Adriane JohnsonMailing Address 2033 N. Milwaukee Ave.
#214City
DeerfieldState
ILZip Code
60015-3581

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B5811A7346C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Anna Moeller

Mailing Address PO Box 1086

City
ElginState
ILZip Code
60121-1086

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BB0B39BEF

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 131 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Bob Morgan

Mailing Address PO Box 1074

City
DeerfieldState
ILZip Code
60015-6001

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B0E4B1DD75

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Camille Y LillyMailing Address 7061 W. North Avenue
UPS # 260City
Oak ParkState
ILZip Code
60302-1015

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B69642355F2

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Chapin Rose

Mailing Address PO Box 838

City
MahometState
ILZip Code
61853-0838

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B9074341D0

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Christopher Belt

Mailing Address 5111 West Main Street

City
BellevilleState
ILZip Code
62226-4728

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

FEC Identification Number

C

Transaction ID : B72457DA45

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Curtis Tarver II

Mailing Address 65 West Jackson, #134

City
ChicagoState
ILZip Code
60604-3507

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

FEC Identification Number

C

Transaction ID : BB2C8CA692

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dave Koehler

Mailing Address 1020 NE Glen Oak Ave

City
PeoriaState
ILZip Code
61603-3259

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	6		

FEC Identification Number

C

Transaction ID : BA2094B3C5

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 133 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dave Vella

Mailing Address 3235 Windsong Ct

City
RockfordState
ILZip Code
61114-8072

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B019246C92C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Doris Turner

Mailing Address 2100 E Lawrence Ave

City
SpringfieldState
ILZip Code
62703-1920

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B98F8242E7F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Edgar Gonzalez Jr

Mailing Address 4035 W 26th St., 2nd Floor

City
ChicagoState
ILZip Code
60623-3701

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B0FE9A9A92

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Fran Hurley

Mailing Address 3215 W 111th St.

City
ChicagoState
ILZip Code
60655-2713

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B3CD5D3836

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jason Bunting

Mailing Address 132 E Main Street, Suite 7

City
DwightState
ILZip Code
60420-1341

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B5CA132E7F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jawaharial Omar Williams

Mailing Address 1648 W. Warren

City
ChicagoState
ILZip Code
60612-2611

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B1FA5D7404

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Jeff Keicher

Mailing Address PO Box 477

City
SycamoreState
ILZip Code
60178-0477

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B8B1A18DB4

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Justin Slaughter

Mailing Address PO Box 201874

City
ChicagoState
ILZip Code
60620-7874

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B306DB7DB9

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Kam Buckner

Mailing Address 4511 S Calumet Ave

City
ChicagoState
ILZip Code
60653-4005

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B8071B5B22

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mary Gill

Mailing Address 10402 S. Western Avenue

City
ChicagoState
ILZip Code
60643-2508

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BBFFBEDF7!

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Matt Hanson

Mailing Address PO Box 1101

City
AuroraState
ILZip Code
60507-1101

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BA69A5CA37

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Mattie Hunter

Mailing Address 11604 S. Church St.

City
ChicagoState
ILZip Code
60643

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B27DA46724

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mike Kelly

Mailing Address 4200 W Lawrence Ave Suite B

City
ChicagoState
ILZip Code
60630-2729

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BA9C690602I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Napoleon Harris

Mailing Address PO Box 429

City
FlossmoorState
ILZip Code
60422-0429

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B4CB2762BB

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Natalie Manley

Mailing Address 1927 Timbers Edge Circle

City
JolietState
ILZip Code
60431-1626

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BD2680573B

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Rick Ryan

Mailing Address 9726 S. Avers

City
Evergreen ParkState
ILZip Code
60805-2946

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BE3A611B7F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Rita Mayfield

Mailing Address PO Box 344

City
WaukeganState
ILZip Code
60079-0344

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BF61D420B7F

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Robyn Gabel

Mailing Address PO Box 6453

City
EvanstonState
ILZip Code
60204-6453

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B6E3A92F5C

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Ryan Spain

Mailing Address PO Box 1575

City
PeoriaState
ILZip Code
61655-1575

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B28750BC81

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Steve McClure

Mailing Address PO Box 83

City
SpringfieldState
ILZip Code
62705-0083

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BC3D3B296A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Suzy Glowiak

Mailing Address P.O. Box 3454

City
Oak BrookState
ILZip Code
60522-3454

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B6140C4817

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Tracy Katz Muhl for State Representative

Mailing Address 3710 Commercial, Ste. 5

City
NorthbrookState
ILZip Code
60062-1843

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B45A2AFA7A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Travis Weaver

Mailing Address 8835 N. Knoxville Ave Suite 8

City
PeoriaState
ILZip Code
61615-1722

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BC18D48893f

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Willie Preston

Mailing Address 7706 S. Wood

City
ChicagoState
ILZip Code
60620-4443

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BA7A91D713

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Javier Martinez for New Mexico

Mailing Address PO Box 25491

City
AlbuquerqueState
NMZip Code
87125-0491

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C

Transaction ID : B7428DA54E

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jill Tracy for State Senate

Mailing Address 1628 Fieldstone Drive

City
QuincyState
ILZip Code
62305-6699

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B3C7AC30FB

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Beth Canty for Illinois

Mailing Address 14 East Northwest Highway

City
Arlington HeightsState
ILZip Code
60004-6014

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B309F94F94

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maurice West for Illinois

Mailing Address PO Box 4303

City
RockfordState
ILZip Code
61110-0803

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : B649BEF58C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meredith for New Mexico

Mailing Address PO Box 27066

City
AlbuquerqueState
NMZip Code
87125-7066

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C

Transaction ID : B8D8CEB117

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nathan Small for State Representative

Mailing Address 1320 Fourth Street

City
Las CrucesState
NMZip Code
88005-1951

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	2	6	

FEC Identification Number

C

Transaction ID : B234B7149C

Amount of Each Disbursement this Period

750.00

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

2500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 143

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick Joyce for Senate

Mailing Address PO Box 131

City
EssexState
ILZip Code
60935-0131

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

FEC Identification Number

C

Transaction ID : B42CB5D1A3

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PLUMMER FOR ILLINOIS

Mailing Address PO Box 5

City
TroyState
ILZip Code
62294-0005

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2026

FEC Identification Number

C

Transaction ID : B99295D41FC

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REENA FOR NEW MEXICO

Mailing Address 1000 Cordova Place #973

City
Santa FeState
NMZip Code
87505-1725

Purpose of Disbursement

Contribution to State Committee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

FEC Identification Number

C

Transaction ID : BB2A42E04E

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

86000.00