

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bert E. Marshall**

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 06 / 2015

**Transaction ID : 5CBF7180525D410C828A**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Bert E. Marshall**

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

02 / 20 / 2015

**Transaction ID : 5D58CDA4876B452B9F0D**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Patricia Fuller McCandless**

Mailing Address 300 E. Randolph St

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir TX Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

02 / 06 / 2015

**Transaction ID : 93C4B296050140E398B8**

Amount of Each Receipt this Period

70.00

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

454.00

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