FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086633 3 COMMITTEE NAME **OFFICE USE ONLY** Health Care Service Corporation Political Action Committee - Texas Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 300 E. Randolph Street Date Hand-delivered or Date Postmarked Change of Address Chicago, IL 60601 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** David NAME NICKNAME LAST **SUFFIX** Mason STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 205 Pennsylvania Avenue, SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 205 Pennsylvania Avenue, SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 543-8345 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 07/01/2024 **THROUGH** 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)						
Health Care Service (Health Care Service Corporation Political Action Committee - Texas 0000									
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott Governor								
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed								
	Measures (Describe by date and location of election and nature of issue.)	A. Supported								
		B. Opposed								
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)									
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00						
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,000.00						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES								
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,000.00						
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD								
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD								
16 AFFIDAVIT			<u>'</u>							
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.								
		David	l Mason							
		Signature of Ca	mpaign Treasu	rer						
AFFIX NOTAR	Y STAMP / SEAL ABOVE									
Sworn to and subscribe	ed before me, by the said	, ti	his the	day						
		which, witness my hand and seal of office.								
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	cer administering oath						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 7

						rage 3 or r
COMMITTEE NAME			_		13 Filer ID	(Ethics Commission Filers)
Health Care Service Co	rporation Political Ac	ction Committ	ee - Texas		00086633	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick	Lieutenant Governo	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Drew Darby	State Representativ	⁄e	
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	,	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

		4 of 7								
17 COMMITTEE NAME Health Care Service Corporation Political Action Committee - Texas	18 Filer ID 00086633	(Ethics Commission Filers)								
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT									
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,000.00									
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS									
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$								
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION ORGANIZATION	I OR LABOR	\$								
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM (LABOR ORGANIZATION	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION									
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LAI	BOR ORGANIZATION	\$								
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION CORGANIZATION	DR LABOR	\$								
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OF	R LABOR ORGANIZATION	\$								
9. SCHEDULE E: LOANS		\$								
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$ 17,000.00								
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CON	NTRIBUTIONS	\$								
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$								
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CON	NTRIBUTIONS	\$								
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$								

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/7	
FILER NAME Health Care		- Texas	3 Filer ID (Ethics Commission Filers) 00086633
Date 10/22/2024	<u> </u>	7 Amount of Contribution (\$) \$15,000.00	
	Chicago, IL 60601		
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	FILER NAME Health Care Date L0/22/2024	The Instruction Guide explains how to complete the FILER NAME Health Care Service Corporation Political Action Committee Date L0/22/2024 Full name of contributor x out-of-state PAC	Health Care Service Corporation Political Action Committee - Texas Date 5 Full name of contributor x out-of-state PAC (ID#: C00199711) Health Care Service Corporation Emmployees' PAC 6 Contributor address; City; State; Zip Code Chicago, IL 60601

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 1/2 Rpt: 6/7		Health Care	Service Corpo	oration Politic	al Actio	n C	ommittee		00086633		
4	Date	5	Payee name									
	10/25/2024		Drew Darby	Campaign								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		PO Box 328	4								
	Expenditure from corporate funds		San Angelo	TX 76902								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				=		de of Texas. Comp		
	-		Candidate/C	Officeholder/Po	litical Comm	ittee		_		officeholder living		
								Contribution t	10 5	state Commi	uee	
	Complete ONLY if direct	<u> </u>	andidata/Offi	ceholder name		office cou	abt			Office he	ıld	
	expenditure to benefit C/O		andidate/Offic	cenoider name		Office sou	gnt			Office he	eid	
	Date		Payee name									
	10/25/2024		Texans for I	Dan Patrick								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7,500.00		PO Box 685	085								
	Expenditure from corporate funds		Austin, TX 7	'8768								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				ш		de of Texas. Comp		
			Candidate/C	Officeholder/Po	litical Comm	ittee		Contribution 1		officeholder living		
								Continuution	10 3	state Commi	uee	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
_		_										
	Date	l	Payee name									
	10/25/2024		Texans for (Greg Abbott								
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$7,500.00		P.O. Box 30	8								
	Expenditure from corporate funds		Austin, TX 7	8767-0308								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			ш		de of Texas. Comp		
	LAFENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee				officeholder living		
								Contribution t	το S	state Commi	пее	
	0 1. 0	L_	p + = c=				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	C	Office sou	gnt			Office he	elα	
L												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	mmittee	Legal S		s Expense Guide explains		xpense /ages/	Contract Labor		Travel Out of D OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	_								3	Filer ID	(Ethics Commission I	Tiloro)
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L	Sch: 2/2 Rpt: 7/7		Health Care		ice Corpo	ration Polit	icai Actio	n Co	ommittee		00086633		
4	Date	5	Payee name										
	10/25/2024		Todd Hunte	er Cam	npaign								
6	Amount (\$)	7	Payee addre	ss:	City;	State	e; Zip Co	de					
l	\$1,000.00		445 Cape H		<i>3.</i>								
	Ψ1,000.00		440 Oupe 1	icin y									
⊩	Expenditure from												
┞	corporate funds		Corpus Chr	isti, T	X 78412								
8	PURPOSE	(a)	Category (S	ee Cateq	ories listed at	the top of this so	hedule)	(b)	Description				
l	OF		Contribution				,			outsi	ide of Texas. Cor	plete Schedule T.	
l	EXPENDITURE		Candidate/				nittee		_		, officeholder livin		
l									Contribution	to S	State Comm	ittee	
l													
9	Complete ONLY if direct		Candidate/Off	icehold	er name		Office sou	ght			Office h	eld	
l	expenditure to benefit C/O							•					
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