#### 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** 01/15/2025 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 THROUGH** 10/27/2024 12/31/2024 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 Co	rporation Political Actio	on Committee - Texas	00086633	}
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Adam Hinojosa State Senator		
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,190.77
OUTSTANDING LOAN TOTALS	I .	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
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	Mason	
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

#### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC

12 COMMITTEE NAME  Health Care Service Corporation Political Action Committee - Texas  13 Committee - Texas  14 Committee - Texas  14 Committee - Texas  15 Committee - Texas  16 Committee - Texas  17 Committee - Texas  18 Committee - Texas  19 Committee - Texas  19 Committee - Texas  10 Committee - Texas  11 Committee - Texas  12 Committee - Texas  13 Filter ID (Emcs Commission Filters)  14 Committee - Texas  15 Committee - Texas  16 Committee - Texas  18 Committee - Texas  18 Committee - Texas  19 Committee - Texas  19 Committee - Texas  10 Committee - Texas  10 Committee - Texas  10 Committee - Texas  12 Committee - Texas  13 Filter ID (Emcs Commission Filters)  14 Committee - Texas  15 Committee - Texas  16 Committee - Texas  18 Committee - Texas  18 Committee - Texas  18 Committee - Texas  19 Committee - Texas  19 Committee - Texas  10 Commit	12 COMMITTEE NAME   Health Care Service Corporation Political Action Committee - Texas   13 Filer ID   (Ethics Commission Filers)		PURPOSE					Page 3 of 6
Health Care Service Corporation Political Action Committee - Texas  14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported Brent Hagenbuch State Senator  B. Opposed  B. Opposed  B. Opposed  B. Opposed	Health Care Service Corporation Political Action Committee - Texas  14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2 Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  O0086633  A. Supported Brent Hagenbuch State Senator  B. Opposed  B. Opposed  B. Opposed  B. Opposed	_					I 40 E''. 15	
1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed	12		Dalitical A				(Etnics Commission Filers)
ACTIVITY  (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  A. Supported  B. Opposed	ACTIVITY  (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  3. Officeholders Assisted							
report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	14	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Brent Hagenbuch State Senato	r	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted		(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
B. Opposed  3. Officeholders Assisted	B. Opposed  3. Officeholders Assisted				A. Supported			
Assisted	Assisted			nature of issue.)	B. Opposed			
Assisted	Assisted			2 Officeholders				-
applicable. classify try parry.)	applicable, classify try party.)			Assisted				
		_		applicable, classify by party.)				

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

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17 COMMITTEE NAME18 Filer IDHealth Care Service Corporation Political Action Committee - Texas00086633	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS	\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,000.00
	-

### 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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 5/6	Health Care Service Corporation Political Action Committee 00086633
4 Date	5 Payee name
12/06/2024	Adam Hinojosa Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480-8301
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution to State Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/06/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2800 Shoreline Dr #310
Ψ1,000.00	2000 Gridicillic Di moto
Expenditure from corporate funds	Denton, TX 76210-4410
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sofia Ballott to State Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Health Care Service Corporation Political Action Committee - Texas 00086633 5 Name of person from whom amount is received 8 Amount (\$) 12/03/2024 \$1,000.00 James Talarico Campapign 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78761 Purpose for which amount is received X Check if political contribution returned to filer Check returned