

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083099	2 Total pages filed: 36	
3 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/01/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive Irving, TX 75038			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Vineet NICKNAME LAST SUFFIX Gupta			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive Irving, TX 75038			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive Irving, TX 75038			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (732) 556-7248			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee	13 Filer ID (Ethics Commission Filers) 00083099
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,859.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,435.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vineet Gupta

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 36

17 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00083099
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,859.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 7,648.14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/31 Rpt: 4/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <hr/> 6 Contributor address; City; State; Zip Code Arrington, TN 37014-1423	7 Amount of Contribution (\$) \$384.61
8 Principal occupation / Job title (See Instructions) Executive Vice President, Sales		9 Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <hr/> Contributor address; City; State; Zip Code Arrington, TN 37014-1423	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Executive Vice President, Sales		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <hr/> Contributor address; City; State; Zip Code Arrington, TN 37014-1423	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Executive Vice President, Sales		Employer (See Instructions) Gainwell Technologies
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, Kathleen <hr/> Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-2270	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Population Health Management		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, Kathleen <hr/> Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-2270	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Population Health Management		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/31 Rpt: 5/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-2270	7 Amount of Contribution (\$) \$384.61
8 Principal occupation / Job title (See Instructions) SVP, Population Health Management		9 Employer (See Instructions) Gainwell Technologies
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane <hr/> Contributor address; City; State; Zip Code Southern Pines, NC 28387-2110	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane <hr/> Contributor address; City; State; Zip Code Southern Pines, NC 28387-2110	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane <hr/> Contributor address; City; State; Zip Code Southern Pines, NC 28387-2110	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> Contributor address; City; State; Zip Code South Jordan, UT 84095-5951	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/31 Rpt: 6/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> 6 Contributor address; City; State; Zip Code South Jordan, UT 84095-5951	7 Amount of Contribution (\$) \$384.61
8 Principal occupation / Job title (See Instructions) Chief Medical Officer		9 Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> Contributor address; City; State; Zip Code South Jordan, UT 84095-5951	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm <hr/> Contributor address; City; State; Zip Code Indian River, MI 49749-9633	Amount of Contribution (\$) \$230.76
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm <hr/> Contributor address; City; State; Zip Code Indian River, MI 49749-9633	Amount of Contribution (\$) \$230.76
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm <hr/> Contributor address; City; State; Zip Code Indian River, MI 49749-9633	Amount of Contribution (\$) \$230.76
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/31 Rpt: 7/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh <hr/> 6 Contributor address; City; State; Zip Code Boise, ID 83716-8839	7 Amount of Contribution (\$) \$230.76
8 Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		9 Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh <hr/> Contributor address; City; State; Zip Code Boise, ID 83716-8839	Amount of Contribution (\$) \$230.76
Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh <hr/> Contributor address; City; State; Zip Code Boise, ID 83716-8839	Amount of Contribution (\$) \$230.76
Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		Employer (See Instructions) Gainwell Technologies
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbanks, Tim <hr/> Contributor address; City; State; Zip Code Pompano Beach, FL 33062-2946	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Seana Smith <hr/> Contributor address; City; State; Zip Code Upper Arlington, OH 43220-4530	Amount of Contribution (\$) \$333.33
Principal occupation / Job title (See Instructions) Vice President, State Government Solutions		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/31 Rpt: 8/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Seana Smith <hr/> 6 Contributor address; City; State; Zip Code Upper Arlington, OH 43220-4530	7 Amount of Contribution (\$) \$333.33
8 Principal occupation / Job title (See Instructions) Vice President, State Government Solutions		9 Employer (See Instructions) Health Management Systems
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/31 Rpt: 9/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James 6 Contributor address; City; State; Zip Code Marietta, GA 30062-1471	7 Amount of Contribution (\$) \$92.31
8 Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		9 Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/31 Rpt: 10/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30062-7035	7 Amount of Contribution (\$) \$92.31
8 Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		9 Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-1471	Amount of Contribution (\$) \$92.31
Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Gregory <hr/> Contributor address; City; State; Zip Code Parkland, FL 33076-2992	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Gregory <hr/> Contributor address; City; State; Zip Code Parkland, FL 33076-2992	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/31 Rpt: 11/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Gregory <hr/> 6 Contributor address; City; State; Zip Code Parkland, FL 33076-2992	7 Amount of Contribution (\$) \$384.61
8 Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		9 Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, Joseph <hr/> Contributor address; City; State; Zip Code Waltham, MA 02451-2313	Amount of Contribution (\$) \$454.54
Principal occupation / Job title (See Instructions) Sr VP, Sector Lead		Employer (See Instructions) Gainwell Technologies
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <hr/> Contributor address; City; State; Zip Code Elk River, MN 55330-8607	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Chief Growth Officer		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <hr/> Contributor address; City; State; Zip Code Elk River, MN 55330-8607	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Chief Growth Officer		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <hr/> Contributor address; City; State; Zip Code Elk River, MN 55330-8607	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Chief Growth Officer		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/31 Rpt: 12/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-7575	7 Amount of Contribution (\$) \$192.30
8 Principal occupation / Job title (See Instructions) Director of Sales Solution		9 Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-7575	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Director of Sales Solution		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-7575	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Director of Sales Solution		Employer (See Instructions) Gainwell Technologies
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David <hr/> Contributor address; City; State; Zip Code Vandalia, OH 45377-9688	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David <hr/> Contributor address; City; State; Zip Code Vandalia, OH 45377-9688	Amount of Contribution (\$) \$307.69
Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/31 Rpt: 13/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David <hr/> 6 Contributor address; City; State; Zip Code Vandalia, OH 45377-9688	7 Amount of Contribution (\$) \$307.69
8 Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		9 Employer (See Instructions) Gainwell Technologies
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/31 Rpt: 14/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> 6 Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	7 Amount of Contribution (\$) \$38.47
8 Principal occupation / Job title (See Instructions) VP, Risk Management		9 Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/31 Rpt: 15/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> 6 Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	7 Amount of Contribution (\$) \$38.47
8 Principal occupation / Job title (See Instructions) VP, Risk Management		9 Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/31 Rpt: 16/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Director, Case Management		9 Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/31 Rpt: 17/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Director, Case Management		9 Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director, Case Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/31 Rpt: 18/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80211-2903	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Vice President, Production Manager		9 Employer (See Instructions) Gainwell Technologies LLC
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason <hr/> Contributor address; City; State; Zip Code Denver, CO 80211-2903	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice President, Production Manager		Employer (See Instructions) Gainwell Technologies LLC
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-1390	Amount of Contribution (\$) \$138.46
Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-1390	Amount of Contribution (\$) \$138.46
Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-1390	Amount of Contribution (\$) \$138.46
Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/31 Rpt: 19/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 01/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	7 Amount of Contribution (\$) \$4.62
8 Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		9 Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/31 Rpt: 20/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	7 Amount of Contribution (\$) \$4.62
8 Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		9 Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/31 Rpt: 21/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	7 Amount of Contribution (\$) \$4.62
8 Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		9 Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Amount of Contribution (\$) \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Health Management Systems
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/31 Rpt: 22/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> 6 Contributor address; City; State; Zip Code Edison, NJ 08820-2623	7 Amount of Contribution (\$) \$5.42
8 Principal occupation / Job title (See Instructions) Senior Professional Application Designer		9 Employer (See Instructions) Health Management Systems
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
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Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/31 Rpt: 23/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> 6 Contributor address; City; State; Zip Code Edison, NJ 08820-2623	7 Amount of Contribution (\$) \$5.42
8 Principal occupation / Job title (See Instructions) Senior Professional Application Designer		9 Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820-2623	Amount of Contribution (\$) \$5.42
Principal occupation / Job title (See Instructions) Senior Professional Application Designer		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-2791	Amount of Contribution (\$) \$333.33
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/31 Rpt: 24/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Jersey City, NJ 07306-2791	7 Amount of Contribution (\$) \$333.33
8 Principal occupation / Job title (See Instructions) Account General Manager		9 Employer (See Instructions) Gainwell Technologies LLC
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/31 Rpt: 25/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne 6 Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	7 Amount of Contribution (\$) \$0.20
8 Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		9 Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/31 Rpt: 26/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	7 Amount of Contribution (\$) \$0.20
8 Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		9 Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89178-3524	Amount of Contribution (\$) \$0.20
Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roenfeldt, Den <hr/> Contributor address; City; State; Zip Code Evergreen, CO 80439-8613	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Chief Assurance Officer		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roenfeldt, Den <hr/> Contributor address; City; State; Zip Code Evergreen, CO 80439-8613	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Chief Assurance Officer		Employer (See Instructions) Gainwell Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/31 Rpt: 27/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roenfeldt, Den <hr/> 6 Contributor address; City; State; Zip Code Evergreen, CO 80439-8613	7 Amount of Contribution (\$) \$384.61
8 Principal occupation / Job title (See Instructions) SVP, Chief Assurance Officer		9 Employer (See Instructions) Gainwell Technologies
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/31 Rpt: 28/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403-1162	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney, Senior Principal		9 Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/31 Rpt: 29/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 05/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403-1162	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney, Senior Principal		9 Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-1162	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney, Senior Principal		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian <hr/> Contributor address; City; State; Zip Code Iselin, NJ 08830-2453	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian <hr/> Contributor address; City; State; Zip Code Iselin, NJ 08830-2453	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/31 Rpt: 30/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian <hr/> 6 Contributor address; City; State; Zip Code Iselin, NJ 08830-2453	7 Amount of Contribution (\$) \$192.30
8 Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		9 Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> Contributor address; City; State; Zip Code Stillwater, MN 55082-7581	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> Contributor address; City; State; Zip Code Stillwater, MN 55082-7581	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> Contributor address; City; State; Zip Code Stillwater, MN 55082-7581	Amount of Contribution (\$) \$192.30
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yinxiang <hr/> Contributor address; City; State; Zip Code Kildeer, IL 60047-1848	Amount of Contribution (\$) \$416.66
Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		Employer (See Instructions) Gainwell Technologies LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/31 Rpt: 31/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yinxiang <hr/> 6 Contributor address; City; State; Zip Code Kildeer, IL 60047-1848	7 Amount of Contribution (\$) \$416.66
8 Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		9 Employer (See Instructions) Gainwell Technologies LLC
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekes, Monica <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95811-1107	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekes, Monica <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95811-1107	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekes, Monica <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95811-1107	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/31 Rpt: 32/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		9 Employer (See Instructions) Health Management Systems
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/31 Rpt: 33/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		9 Employer (See Instructions) Health Management Systems
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/31 Rpt: 34/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		9 Employer (See Instructions) Health Management Systems
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-2319	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		Employer (See Instructions) Gainwell Technologies
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-2319	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		Employer (See Instructions) Gainwell Technologies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-2319	Amount of Contribution (\$) \$384.61
Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		Employer (See Instructions) Gainwell Technologies

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 35/36
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 01/31/2025	5 Name of person from whom amount is received JP Morgan Chase Bank, NA	8 Amount (\$) \$28.92
	6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10038	
	7 Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/28/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$23.85
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10038	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$26.36
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10038	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$24.40
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10038	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/30/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$20.16
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10038	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 36/36

2 FILER NAME

Gainwell Holding Corp. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00083099

4 Date

06/30/2025

5 Name of person from whom amount is received

JP Morgan Chase Bank, NA

8 Amount (\$)

\$24.45

6 Address of person from whom amount is received; City; State; Zip Code

New York, NY 10038

7 Purpose for which amount is received

Bank Interest

☐ Check if political contribution returned to filer

Date

02/05/2025

Name of person from whom amount is received

Joan Huffman Campaign

Amount (\$)

\$7,500.00

Address of person from whom amount is received; City; State; Zip Code

Houston, TX 77005

Purpose for which amount is received

Void of 11.18.24 Disbursement

☒ Check if political contribution returned to filer