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) 00083099 3 COMMITTEE NAME **OFFICE USE ONLY** Gainwell Holding Corp. Political Action Committee Date Received **ELECTRONICALLY FILED** 07/01/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5615 High Point Drive Date Hand-delivered or Date Postmarked Irving, TX 75038 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Vineet NAME NICKNAME LAST **SUFFIX** Gupta STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5615 High Point Drive STREET **ADDRESS** (Residence or Business) Irving, TX 75038 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5615 High Point Drive MAILING **ADDRESS** Irving, TX 75038 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (732) 556-7248 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NA	ME		13 Filer ID	(Ethics Commission Filers)
Gainwell Holdin	g Corp. Political Action Committee		00083099	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.) A.	Supported		
(Attach lists on plain paper to complete this report if necessary.)	В.	Opposed		
	(Describe by date and location of election and nature of issue.)	Supported Opposed		
	В.	Оррозеи		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR CONTRIBUTIONS MADE check here if this report qual	fies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$	25,859.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL E	XPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF THE REPORTING PI	TRIBUTIONS MAINTAINED AS OF THE LAST I ERIOD	DAY \$	30,435.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	OUNT OF ALL OUTSTANDING LOANS AS OF T ORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Vineet	Gupta	
		Signature of Can	npaign Treasur	er
AFFIX I	NOTARY STAMP / SEAL ABOVE			
Sworn to and su	bscribed before me, by the said	, th	is the	day
	, 20, to certify whic			
Signature of	officer administering oath Prin	ted name of officer administering oath	Title of office	er administering oath
Signature of	Till	152 or officer damministering oddin	THE OF SHICK	aa.iiiiiotoiiiig outii

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 36
		EE NAME Holding Corp. Political Action Committee	18 Filer ID 00083099	(Ethics Co	mmission Filers)
		E SUBTOTALS SCHEDULE		SUBT	FOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,859.26
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	7,648.14
				•	

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 4/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 05/30/2025	5 Full name of contributor out-of-state PAC (ID#: Allison, William 6 Contributor address; City; State; Zip Code	:)	7	Amount of Contribution (\$)	\$384.61
8		Arrington, TN 37014-1423 pation / Job title (See Instructions) ce President, Sales	Employer (See Instruction: Gainwell Technologies	s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Allison, William 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 Instruction: Gainwell Technologies	<u> </u> s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Allison, William Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$384.61
	·	pation / Job title (See Instructions)	Employer (See Instruction: Gainwell Technologies	<u> </u> s)		
	Date Full name of contributor out-of-state PA 05/30/2025 Bristow, Kathleen Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-2270				Amount of Contribution (\$)	\$384.61
		pation / Job title (See Instructions) ation Health Management	Employer (See Instruction: Gainwell Technologies	s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Bristow, Kathleen Contributor address; City; State; Zip Code Hermosa Beach, CA 90254-2270	:)		Amount of Contribution (\$)	\$384.61
		pation / Job title (See Instructions) ation Health Management	Employer (See Instruction: Gainwell Technologies	s)		

	MONEI	ARY POLITICAL CONTRIBUTI	IOI	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 5/36	
2	FILER NAME Gainwell Ho	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$384.61
		Hermosa Beach, CA 90254-2270					
8	·	pation / Job title (See Instructions) ation Health Management	9	Employer (See Instructions Gainwell Technologies)		
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID# Brown, Jane Contributor address; City; State; Zip Code Southern Pines, NC 28387-2110)#:			Amount of Contribution (\$)	\$384.61
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	SVP, Sector General Manager Date Full name of contributor out-of-state PAC (ID#:			Gainwell Technologies		Amount of Contribution (\$)	
	06/13/2025	Brown, Jane Contributor address; City; State; Zip Code				y another of contribution (c)	\$384.61
	Principal occu	Southern Pines, NC 28387-2110 pation / Job title (See Instructions)		Employer (See Instructions)		
		General Manager		Gainwell Technologies	,		
	Date 06/30/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$384.61
	Principal occu	Southern Pines, NC 28387-2110 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	General Manager		Gainwell Technologies	,		
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID# Call, Gary Contributor address; City; State; Zip Code South Jordan, UT 84095-5951)		Amount of Contribution (\$)	\$384.61
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Health Management Sys		ms	
	Criter Medica	ai Omoci		Trouit Management Sys	<u>.</u>	iiio	

	WONET	ARY POLITICAL C	ONTRIBUTIO	OND		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 6/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Cor	nmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/13/2025	5 Full name of contributor Call, Gary6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$384.61
		South Jordan, UT 84095-5					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions			
	Chief Medica	al Officer		Health Management Sys	ste	ms	
	Date 06/30/2025	Full name of contributor Call, Gary Contributor address; City; Sta	ate; Zip Code)	•	Amount of Contribution (\$)	\$384.61
		South Jordan, UT 84095-5					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Medica	al Officer		Health Management Sy	ste	ms 	
	Date 05/30/2025	Full name of contributor Campbell, Malcolm Contributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$230.76
		Indian River, MI 49749-963	33				
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Account Ger	neral Manager		Gainwell Technologies			
	Date 06/13/2025	Full name of contributor Campbell, Malcolm Contributor address; City; Sta	ate; Zip Code		•	Amount of Contribution (\$)	\$230.76
	•	pation / Job title (See Instructions) neral Manager	C	Employer (See Instructions Gainwell Technologies	5)		
	Date 06/30/2025	Full name of contributor Campbell, Malcolm Contributor address; City; Sta				Amount of Contribution (\$)	\$230.76
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		neral Manager		Gainwell Technologies			
		pation / Job title (See Instructions)			<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTION	JNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 7/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee		3	Filer ID (Ethics Commission 00083099	on Filers)
4	Date 05/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$230.76
		Boise, ID 83716-8839				
8	•	pation / Job title (See Instructions) livery Shared Services	9 Employer (See Instructions Gainwell Technologies	s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Daharwal, Harsh Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$230.76
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Director, Delivery Shared Services		Gainwell Technologies			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Daharwal, Harsh Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$230.76
		Boise, ID 83716-8839	1			
		pation / Job title (See Instructions) livery Shared Services	Employer (See Instructions Gainwell Technologies	ıs)		
	Date 05/22/2025	Full name of contributor out-of-state PAC (ID#:_ Fairbanks, Tim Contributor address; City; State; Zip Code Pompano Beach, FL 33062-2946)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Chief Financ	pation / Job title (See Instructions)	Employer (See Instructions Gainwell Technologies	ıs)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_Ferris, Seana Smith Contributor address; City; State; Zip Code Upper Arlington, OH 43220-4530			Amount of Contribution (\$)	\$333.33
		pation / Job title (See Instructions)	Employer (See Instructions		me	
	vice Preside	ent, State Government Solutions	Health Management Sy	yste	1115	

	WONET	ARY POLITICAL CONT	RIBUTIO	งอ	SCHEDULE A1
	The Instru	ction Guide explains how to com	nplete this fo	m.	1 Total pages Schedule A1: Sch: 5/31 Rpt: 8/36
2	FILER NAME Gainwell Hol	ding Corp. Political Action Committee			3 Filer ID (Ethics Commission Filers) 00083099
4	Date 06/30/2025	 Full name of contributor out-of- Ferris, Seana Smith Contributor address; City; State; Zip C 	-state PAC (ID#: ode	_	7 Amount of Contribution (\$) \$333.33
8	Principal occu	Upper Arlington, OH 43220-4530 pation / Job title (See Instructions)	lo	Employer (See Instructions	
ľ	•	nt, State Government Solutions	9	Health Management Sys	
	Date 01/15/2025	Full name of contributor out-of- Finley, James Contributor address; City; State; Zip C)	Amount of Contribution (\$) \$92.31
	Principal occu	Marietta, GA 30062-1471 pation / Job title (See Instructions)		Employer (See Instructions	1
	Vice President, State Govt Solutions			Health Management Sys	
	Date 01/31/2025	Finley, James Contributor address; City; State; Zip C	-state PAC (ID#:		Amount of Contribution (\$) \$92.31
	Dringing conu	Marietta, GA 30062-1471 pation / Job title (See Instructions)		Employer (See Instructions	A
		nt, State Govt Solutions		Health Management Sys	
	Date 02/14/2025	Finley, James Contributor address; City; State; Zip C			Amount of Contribution (\$) \$92.31
	Principal occu	Marietta, GA 30062-1471 pation / Job title (See Instructions)		Employer (See Instructions	1
	•	nt, State Govt Solutions		Health Management Sys	
	Date 02/28/2025	Full name of contributor out-of- Finley, James Contributor address; City; State; Zip C Marietta, GA 30062-1471)	Amount of Contribution (\$) \$92.31
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)
		nt, State Govt Solutions		Health Management Sys	

	MONET	ARY POLITICAL CONTRIBUTION	UNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/31 Rpt: 9/36
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4	Date 03/14/2025	 Full name of contributor	:)	7 Amount of Contribution (\$) \$92.31
		Marietta, GA 30062-1471		
8	•	pation / Job title (See Instructions) ent, State Govt Solutions	9 Employer (See Instruction Health Management S	
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID# Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	:)	Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
	Vice President, State Govt Solutions		Health Management S	Systems
	Date 04/15/2025	Full name of contributor		Amount of Contribution (\$)
		Marietta, GA 30062-1471		
		pation / Job title (See Instructions) ent, State Govt Solutions	Employer (See Instructio Health Management S	
Date 04/30/2025		Full name of contributor out-of-state PAC (ID# Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	:)	Amount of Contribution (\$)
	•	pation / Job title (See Instructions) ent, State Govt Solutions	Employer (See Instructio Health Management S	
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID# Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471		Amount of Contribution (\$)
		pation / Job title (See Instructions)	Employer (See Instructio	
	Vice Preside	ent, State Govt Solutions	Health Management S	Systems

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 10/36	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Co	nmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 05/30/2025	5 Full name of contributor Finley, James6 Contributor address; City; St.)	7	Amount of Contribution (\$)	\$92.31
		Marietta, GA 30062-7035					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Vice Preside	ent, State Govt Solutions		Health Management Sy	ste	ms	
	Date 06/13/2025	Full name of contributor Finley, James Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$92.31
		Marietta, GA 30062-1471					
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Vice Preside	nt, State Govt Solutions		Health Management Sy	ste	ms	
	Date 06/30/2025	Full name of contributor Finley, James Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$92.31
		Marietta, GA 30062-1471					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	nt, State Govt Solutions		Health Management Sy	ste	ms	
	Date 05/30/2025	Full name of contributor Fischer, Gregory Contributor address; City; St. Parkland, FL 33076-2992				Amount of Contribution (\$)	\$384.61
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Vice	President, Coordination of Ber	nefits	Health Management Sy	ste	ms	
	Date 06/13/2025	Full name of contributor Fischer, Gregory Contributor address; City; St. Parkland, FL 33076-2992	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$384.61
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	•	President, Coordination of Ber	•	Health Management Sy	•	ms	
				<u> </u>			

	MONEI	ARY POLITICAL CONTRIBU	JIION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 11/36	
2	FILER NAME	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
_		·			L		
4	Date 06/30/2025	 5 Full name of contributor	C (ID#:)	ľ	Amount of Contribution (\$)	\$384.61
		Parkland, FL 33076-2992					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Senior Vice I	President, Coordination of Benefits		Health Management Sy	ste	ms	
	Date 06/30/2025	Full name of contributor out-of-state PAC Fraser, Joseph Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$454.54
		Waltham, MA 02451-2313					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr VP, Secto	or Lead		Gainwell Technologies			
	Date 05/30/2025	Full name of contributor out-of-state PAC Funk, Nathan Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$384.61
		Elk River, MN 55330-8607					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Growth	n Officer		Gainwell Technologies			
Date 06/13/2025		Full name of contributor out-of-state PAC Funk, Nathan Contributor address; City; State; Zip Code Elk River, MN 55330-8607	C (ID#:)		Amount of Contribution (\$)	\$384.61
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Chief Growth	,		Gainwell Technologies	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Funk, Nathan				Amount of Contribution (\$)	\$384.61
		Contributor address; City; State; Zip Code Elk River, MN 55330-8607					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Growth	n Officer		Gainwell Technologies			
			•				

MONE	TARY POLITICAL C	ONTRIBUTIO	CNIC		SCHEDULI	E A1
The Instru	uction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 12/36	
2 FILER NAME Gainwell H	E olding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4 Date 05/30/2025	5 Full name of contributorGrier, Donald6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$192.30
	Cedar Park, TX 78613-75	75				
	cupation / Job title (See Instructions Sales Solution)	9 Employer (See Instructions Gainwell Technologies	5)		
Date 06/13/2025	Full name of contributor Grier, Donald Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$192.30
Principal occ	Cedar Park, TX 78613-75		Employer (See Instructions	s)		
•	Director of Sales Solution		Gainwell Technologies	-,		
Date 06/30/2025	Full name of contributor Grier, Donald Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$192.30
	Cedar Park, TX 78613-75					
•	cupation / Job title (See Instructions Sales Solution)	Employer (See Instructions Gainwell Technologies	5)		
Date 05/30/2025		ate; Zip Code			Amount of Contribution (\$)	\$307.69
•	cupation / Job title (See Instructions		Employer (See Instructions Gainwell Technologies	<u> </u>		
Date 06/13/2025	- I)		Amount of Contribution (\$)	\$307.69
	I		Employer (See Instructions	:)		
	cupation / Job title (See Instructions Hent, Chief Pharmacist)	Gainwell Technologies	,		

	WONET	ARY POLITICAL (CONTRIBUTION	CNI		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 13/36	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	5 Full name of contributor Hartzell, David6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$307.69
		Vandalia, OH 45377-9688	3				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Vice Preside	nt, Chief Pharmacist		Gainwell Technologies			
	Date 01/15/2025	Full name of contributor Kinson, Henri Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP, Risk Management		Health Management Sy	ste	ems		
	Date 01/31/2025	Full name of contributor Kinson, Henri Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871			l		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	VP, Risk Ma	nagement		Health Management Sy	ste	ems	
	Date 02/14/2025	Contributor address; City; S				Amount of Contribution (\$)	\$38.47
	D: : 1	Elkhorn, WI 53121-2871		T = 1 (0 1 1 1	Ĺ		
	VP, Risk Ma	pation / Job title (See Instructions nagement	5)	Employer (See Instructions Health Management Sy	•	ems	
	Date 02/28/2025	Full name of contributor Kinson, Henri Contributor address; City; S Elkhorn, WI 53121-2871	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$38.47
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	VP, Risk Ma			Health Management Sy		ems	
			5)			ems	

MONE	TARY POLITICAL C	ONTRIBUTIO	CNIC		SCHEDULE	A1
The Instru	ıction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 14/36	
2 FILER NAME Gainwell Ho	E Olding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	Filers)
4 Date 03/14/2025	5 Full name of contributor Kinson, Henri 6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$38.47
	Elkhorn, WI 53121-2871					
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
VP, Risk Ma	anagement		Health Management Sy	ste	ms	
Date 03/31/2025	Full name of contributor Kinson, Henri Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$38.47
	Elkhorn, WI 53121-2871					
	upation / Job title (See Instructions)	Employer (See Instructions			
VP, Risk Ma	anagement 		Health Management Sy	ste	ms	
Date 04/15/2025	Full name of contributor Kinson, Henri Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$38.47
	Elkhorn, WI 53121-2871					
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)		
VP, Risk Ma	anagement		Health Management Sy	ste	ms	
Date 04/30/2025	Full name of contributor Kinson, Henri Contributor address; City; St				Amount of Contribution (\$)	\$38.47
	Elkhorn, WI 53121-2871					
Principal occ VP, Risk Ma	upation / Job title (See Instructions anagement)	Employer (See Instructions Health Management Sy	-	ms	
Date 05/15/2025	Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$38.47
D	Elkhorn, WI 53121-2871	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Franks (2)	<u> </u>		
Principal occ VP, Risk Ma	upation / Job title (See Instructions anagement)	Employer (See Instructions Health Management Sy		ms	

IVI	ONEI	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUL	E A1
The	e Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 15/36	
	ER NAME inwell Hol	ding Corp. Political Action Com	nmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4 Date 05/3	e /30/2025	5 Full name of contributor [Kinson, Henri6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
8 Prin	ncipal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
VP,	, Risk Ma	nagement		Health Management Sy	ste	ms	
Date 06/:	te /13/2025	Full name of contributor [Kinson, Henri Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code)	•	Amount of Contribution (\$)	\$192.30
		Elkhorn, WI 53121-2871					
		pation / Job title (See Instructions)		Employer (See Instructions			
VP,	, Risk Ma	nagement		Health Management Sy	ste	ms	
Date 06/3	re /30/2025	Full name of contributor [Kinson, Henri Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$192.30
		Elkhorn, WI 53121-2871					
Prin	ncipal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
VP,	, Risk Ma	nagement		Health Management Sy	ste	ms	
Date 01/:	re /15/2025	Full name of contributor Lopiccolo, Ann Contributor address; City; Sta Scottsdale, AZ 85260-7284	te; Zip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sy		ms	
Date		Full name of contributor [Lopiccolo, Ann	,			Amount of Contribution (\$)	\$50.00
Prin	ncipal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	•	se Management		Health Management Sy		ms	
		<u>-</u>					

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 16/36	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Comm	ittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 02/14/2025	5 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$50.00
L		Scottsdale, AZ 85260-7284					
8	Director, Cas	pation / Job title (See Instructions) se Management	9	Employer (See Instructions Health Management Sys			
	Date 02/28/2025	Full name of contributor Lopiccolo, Ann Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing agg	Scottsdale, AZ 85260-7284		Employer (See Instructions	_		
		pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 03/14/2025	Full name of contributor Lopiccolo, Ann Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284	1				
		pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 03/31/2025	Full name of contributor Lopiccolo, Ann Contributor address; City; State; Scottsdale, AZ 85260-7284	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 04/15/2025	Full name of contributor Lopiccolo, Ann Contributor address; City; State; Scottsdale, AZ 85260-7284	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		me	
	Director, Cas	se Management		Health Management Sys	<u> </u>	шэ	

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this for	m.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 17/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Commit	tee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 04/30/2025	Lopiccolo, Ann	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$50.00
L		Scottsdale, AZ 85260-7284					
8	Director, Cas	pation / Job title (See Instructions) se Management	9	Employer (See Instructions Health Management Sys			
	Date 05/15/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Datasias Issue	Scottsdale, AZ 85260-7284		Fundament (Constructions	$\overline{\Gamma}$		
		pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 05/30/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284			_		
		pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 06/13/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) se Management		Employer (See Instructions Health Management Sys		ms	
	Date 06/30/2025	Lopiccolo, Ann	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		ma	
	Director, Cas	se Management	I	Health Management Sys	sie	шь	

	MONET	ARY POLITICAL CONTRIBUTION	JNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/31 Rpt: 18/36
2	FILER NAME Gainwell Hol	ding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4	Date 06/13/2025	 Full name of contributor out-of-state PAC (ID#:_Marby, Mason Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$250.00
		Denver, CO 80211-2903		
8	•	pation / Job title (See Instructions)	9 Employer (See Instruction	
	Vice Preside	nt, Production Manager	Gainwell Technologies	LLC
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Marby, Mason Contributor address; City; State; Zip Code Denver, CO 80211-2903		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	•	ent, Production Manager	Gainwell Technologies	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_Mark, Jeffrey Contributor address; City; State; Zip Code Alexandria, VA 22314-1390		Amount of Contribution (\$) \$138.46
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
		Architect, Senior Principal	Gainwell Technologies	-,
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_Mark, Jeffrey Contributor address; City; State; Zip Code Alexandria, VA 22314-1390		Amount of Contribution (\$) \$138.46
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Application A	Architect, Senior Principal	Gainwell Technologies	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Mark, Jeffrey Contributor address; City; State; Zip Code Alexandria, VA 22314-1390		Amount of Contribution (\$) \$138.46
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Application A	Architect, Senior Principal	Gainwell Technologies	

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s foi	rm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 19/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 01/15/2025	 5 Full name of contributor out-of-state PAC (ID Marlow, Eric 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.62
8	Dringing oggu	Las Vegas, NV 89108-5908	ا	Employer (See Instructions			
o		pation / Job title (See Instructions) Ist & Analytics	9	Health Management Sys		ms	
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID Marlow, Eric Contributor address; City; State; Zip Code	<u> </u>)		Amount of Contribution (\$)	\$4.62
	5	Las Vegas, NV 89108-5908	_		Ĺ		
		pation / Job title (See Instructions) Ist & Analytics		Employer (See Instructions Health Management Sys		ms	
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID Marlow, Eric Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$4.62
	Dringinal occu	Las Vegas, NV 89108-5908 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
		ist & Analytics		Health Management Sys		ms	
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908)#:)		Amount of Contribution (\$)	\$4.62
	•	pation / Job title (See Instructions) ast & Analytics		Employer (See Instructions Health Management Sys		ms	
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908)		Amount of Contribution (\$)	\$4.62
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr,Data Cu	ıst & Analytics		Health Management Sy	ste	ms	

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 20/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 03/31/2025	 Full name of contributor out-of-state PAC (ID#:_Marlow, Eric Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.62
Ļ	Deignaignal annu	Las Vegas, NV 89108-5908	٦	Franks on (Cook brown sticks			
8		pation / Job title (See Instructions) ıst & Analytics	9	Employer (See Instructions Health Management Sys		ms	
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.62
	Dringinal occu	Las Vegas, NV 89108-5908 pation / Job title (See Instructions)	_	Employer (See Instructions			
		ust & Analytics		Health Management Sys		ms	
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_Marlow, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908	_				
		pation / Job title (See Instructions) ıst & Analytics		Employer (See Instructions Health Management Sys		ms	
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908)		Amount of Contribution (\$)	\$4.62
	•	pation / Job title (See Instructions) ist & Analytics		Employer (See Instructions Health Management Sys		ms	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908)		Amount of Contribution (\$)	\$4.62
		pation / Job title (See Instructions)		Employer (See Instructions		me	
	wy, pata Cl	ıst & Analytics		Health Management Sys	sie	eiiis	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 21/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Com	mittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 06/13/2025	5 Full name of contributor Marlow, Eric6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$4.62
Ļ	Deireciant	Las Vegas, NV 89108-5908					
8		pation / Job title (See Instructions) st & Analytics	9	Employer (See Instructions Health Management Sys		ms	
	Date 06/30/2025	Full name of contributor Marlow, Eric Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4.62
	Dringinal occu	Las Vegas, NV 89108-5908 pation / Job title (See Instructions)		Employer (See Instructions			
	•	st & Analytics		Health Management Sys		ms	
	Date 01/15/2025	Full name of contributor Montemarano, Robert Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	•	pation / Job title (See Instructions) ssional Application Designer		Employer (See Instructions Health Management Sys		ms	
	Date 01/31/2025	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
	•	pation / Job title (See Instructions) ssional Application Designer		Employer (See Instructions Health Management Sys		ms	
	Date 02/14/2025	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.42
		pation / Job title (See Instructions)		Employer (See Instructions		ma	
	Semor Profe	ssional Application Designer		Health Management Sys	sie	шь	

	MONEI	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 22/36	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ding Corp. Political Action Comm	ittee		L	00083099	
4	Date 02/28/2025	 5 Full name of contributor Montemarano, Robert 6 Contributor address; City; State; 	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Senior Profe	ssional Application Designer		Health Management Sys	ste	ms	
	Date 03/14/2025	Full name of contributor Montemarano, Robert Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Profe	ssional Application Designer		Health Management Sys	ste	ms	
	Date 03/31/2025	Full name of contributor Montemarano, Robert Contributor address; City; State;	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ssional Application Designer		Health Management Sys		ms	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	04/15/2025	Montemarano, Robert Contributor address; City; State; Edison, NJ 08820-2623		,			\$5.42
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Profe	ssional Application Designer		Health Management Sys	ste	ms	
	Date 04/30/2025	Full name of contributor Montemarano, Robert Contributor address; City; State;	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623	<u>, </u>				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Senior Profe	ssional Application Designer		Health Management Sys	ste	ms	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 23/36	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Com	mittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 05/15/2025	5 Full name of contributor Montemarano, Robert6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
8	Senior Profe	pation / Job title (See Instructions) ssional Application Designer	9	Employer (See Instructions Health Management Sys			
	Date 05/30/2025	Full name of contributor Montemarano, Robert Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.42
	Dringing aggr	Edison, NJ 08820-2623 pation / Job title (See Instructions)		Employer (See Instructions	_		
		ssional Application Designer		Employer (See Instructions Health Management Sys		ms	
	Date 06/13/2025	Full name of contributor Montemarano, Robert Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
		pation / Job title (See Instructions) ssional Application Designer		Employer (See Instructions Health Management Sys		ms	
	Date 06/30/2025	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
	•	pation / Job title (See Instructions) ssional Application Designer		Employer (See Instructions Health Management Sys		ms	
	Date 06/13/2025	Full name of contributor Oser, Carolyn Contributor address; City; State Jersey City, NJ 07306-2791				Amount of Contribution (\$)	\$333.33
		pation / Job title (See Instructions)		Employer (See Instructions			
	Account Ger	neral Manager	<u> </u>	Gainwell Technologies L	_L(

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 24/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	5 Full name of contributorOser, Carolyn6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$333.33
L		Jersey City, NJ 07306-279					
8	Account Ger	pation / Job title (See Instructions neral Manager		Employer (See Instructions Gainwell Technologies I			
	Date 01/15/2025	Full name of contributor Piniones, Leanne Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.20
	Dringing agg	Las Vegas, NV 89178-352 pation / Job title (See Instructions		Employer (See Instructions	·/_		
		anager, Clinical Review)	Health Management Sys		ms	
	Date 01/31/2025	Full name of contributor Piniones, Leanne Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.20
	Dringing oggu	Las Vegas, NV 89178-352 pation / Job title (See Instructions		Employer (See Instructions	·/-		
		anager, Clinical Review)	Employer (See Instructions Health Management Sys		ms	
	Date 02/14/2025	Full name of contributor Piniones, Leanne Contributor address; City; St Las Vegas, NV 89178-352	·			Amount of Contribution (\$)	\$0.20
	•	pation / Job title (See Instructions anager, Clinical Review)	Employer (See Instructions Health Management Sys		ms	
	Date 02/28/2025	Full name of contributor Piniones, Leanne Contributor address; City; St Las Vegas, NV 89178-352)		Amount of Contribution (\$)	\$0.20
		pation / Job title (See Instructions)	Employer (See Instructions		ma	
	Associate Ma	anager, Clinical Review	<u> </u>	Health Management Sys	ste	шь	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 25/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 03/14/2025	5 Full name of contributor Piniones, Leanne6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$0.20
Ļ		Las Vegas, NV 89178-352		5 1 (0 1 1 1			
8	Associate M	pation / Job title (See Instructions anager, Clinical Review		Employer (See Instructions Health Management Sy			
	Date 03/31/2025	Full name of contributor Piniones, Leanne Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$0.20
	Principal occu	Las Vegas, NV 89178-352 pation / Job title (See Instructions		Employer (See Instructions	:) 		
		anager, Clinical Review		Health Management Sys		ms	
	Date 04/15/2025	Full name of contributor Piniones, Leanne Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.20
	5	Las Vegas, NV 89178-352			<u></u>		
		pation / Job title (See Instructions anager, Clinical Review)	Employer (See Instructions Health Management Sys		ms	
	Date 04/30/2025	Full name of contributor Piniones, Leanne Contributor address; City; St Las Vegas, NV 89178-352	·)		Amount of Contribution (\$)	\$0.20
	•	pation / Job title (See Instructions anager, Clinical Review)	Employer (See Instructions Health Management Sys		ms	
	Date 05/15/2025	Full name of contributor Piniones, Leanne Contributor address; City; St Las Vegas, NV 89178-352				Amount of Contribution (\$)	\$0.20
		pation / Job title (See Instructions)	Employer (See Instructions			
	ASSOCIATE M	anager, Clinical Review		Health Management Sy	ste	ms	

	ETARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	A1
The Ins	truction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 26/36	
2 FILER NA Gainwell	ME Holding Corp. Political Action Col	mmittee		3	Filer ID (Ethics Commission F 00083099	Filers)
4 Date 05/30/20	5 Full name of contributor Piniones, Leanne 6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$0.20
	Las Vegas, NV 89178-352	24				
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Associate	e Manager, Clinical Review		Health Management Sy	/ste	ms	
Date 06/13/20	Contributor address; City; St	•)		Amount of Contribution (\$)	\$0.20
	Las Vegas, NV 89178-352					
•	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Associate	e Manager, Clinical Review		Health Management Sy	/ste	ms	
Date 06/30/20	Contributor address; City; St	•)		Amount of Contribution (\$)	\$0.20
Dringing	Las Vegas, NV 89178-352		Franksian (Cas Instructions	<u>-/</u>		
	ccupation / Job title (See Instructions e Manager, Clinical Review)	Employer (See Instructions Health Management Sy		ms	
Date 05/30/20		ate; Zip Code)		Amount of Contribution (\$)	\$384.61
•	ccupation / Job title (See Instructions ef Assurance Officer		Employer (See Instructions Gainwell Technologies	s)		
Date 06/13/20	· ·	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$384.61
	Evergreen, CO 80439-861	13				
Principal o	Evergreen, CO 80439-861		Employer (See Instructions	s)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 27/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	5 Full name of contributor Roenfeldt, Den6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$384.61
		Evergreen, CO 80439-863	13				
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	SVP, Chief A	Assurance Officer		Gainwell Technologies			
	Date 01/15/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Attorney, Se	nior Principal		Health Management Sy	ste	ms	
	Date 01/31/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Attorney, Se	nior Principal		Health Management Sy	ste	ms	
	Date 02/14/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St Golden, CO 80403-1162)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions nior Principal	s)	Employer (See Instructions Health Management Sy		ms	
	Date 02/28/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St Golden, CO 80403-1162	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
		nior Principal	•	Health Management Sy		ms	
			······································			ms	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 25/31 Rpt: 28/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Commi	ittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 03/14/2025		out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
8		pation / Job title (See Instructions) nior Principal	9	Employer (See Instructions Health Management Sys			
	Date 03/31/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$10.00
	<u> </u>	Golden, CO 80403-1162			<u></u>		
		pation / Job title (See Instructions) nior Principal		Employer (See Instructions Health Management Sys		ms	
	Date 04/15/2025	Thomas Jeffries, Susan Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		nior Principal		Health Management Sys		ms	
	Date 04/30/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; State; Golden, CO 80403-1162	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) nior Principal		Employer (See Instructions Health Management Sys		ms	
	Date 05/15/2025	Full name of contributor Thomas Jeffries, Susan	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Attorney, Se	nior Principal		Health Management Sys	ste —	ms	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS	SCHE	EDULE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule Sch: 26/31 Rpt: 29/3	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Co	mmittee		3 Filer ID (Ethics Com 00083099	mission Filers)
4	Date 05/30/2025	5 Full name of contributor Thomas Jeffries, Susan6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution	\$10.00
•	Principal occu	Golden, CO 80403-1162 pation / Job title (See Instructions	\	Employer (See Instructions		
0		nior Principal	,	Health Management Sys		
	Date 06/13/2025	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution	\$10.00
		Golden, CO 80403-1162				
		pation / Job title (See Instructions)	Employer (See Instructions		
		nior Principal Full name of contributor		Health Management Sys		(4)
	Date 06/30/2025	Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution	\$10.00
		Golden, CO 80403-1162	<u>, </u>			
		pation / Job title (See Instructions nior Principal		Employer (See Instructions Health Management Sys		
	Date 05/30/2025	Full name of contributor Voelkel, Brian Contributor address; City; St Iselin, NJ 08830-2453	out-of-state PAC (ID#:)	Amount of Contribution	n (\$) \$192.30
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Senior Direct	tor, Carrier Optimization		Health Management Sys	ystems	
	Date 06/13/2025	Full name of contributor Voelkel, Brian Contributor address; City; St Iselin, NJ 08830-2453	out-of-state PAC (ID#:)	Amount of Contribution	n (\$) \$192.30
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Senior Direct	tor, Carrier Optimization		Health Management Sy	ystems	

	MONEI	ARY POLITICAL CONTRIB	UTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 30/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$192.30
8		Iselin, NJ 08830-2453 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 05/30/2025	Full name of contributor out-of-state PA Wacker, Charles Contributor address; City; State; Zip Code	AC (ID#:	Health Management Sys	ste	Amount of Contribution (\$)	\$192.30
	Principal occu Vice Preside	pation / Job title (See Instructions) ent, Sales		Employer (See Instructions Gainwell Technologies	<u>;</u>)		
	Date 06/13/2025	Full name of contributor out-of-state PA Wacker, Charles Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$192.30
	Principal occu	Stillwater, MN 55082-7581 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Vice Preside			Gainwell Technologies	,		
	Date 06/30/2025	Full name of contributor out-of-state PA Wacker, Charles Contributor address; City; State; Zip Code Stillwater, MN 55082-7581	AC (ID#:)		Amount of Contribution (\$)	\$192.30
	Principal occu Vice Preside	pation / Job title (See Instructions) ent, Sales		Employer (See Instructions Gainwell Technologies)		
	Date 06/13/2025	Full name of contributor out-of-state PA Wang, Yinxiang Contributor address; City; State; Zip Code Kildeer, IL 60047-1848	AC (ID#:)		Amount of Contribution (\$)	\$416.66
		pation / Job title (See Instructions) cer, SVP, AI solutions		Employer (See Instructions Gainwell Technologies L		;	
			•				

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 31/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_ Wang, Yinxiang Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$416.66
•	Dringinal occu	pation / Job title (See Instructions)	١٥	Employer (See Instructions	<u> </u>		
o		cer, SVP, AI solutions	9	Gainwell Technologies I		<u> </u>	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weekes, Monica Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$384.61
		Sacramento, CA 95811-1107	_				
		pation / Job title (See Instructions) President, Sector General Manager		Employer (See Instructions Gainwell Technologies)		
	Date			Carrwell Technologies		Amount of Contribution (\$)	
	06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Weekes, Monica Contributor address; City; State; Zip Code				, another of Contribution (c)	\$384.61
		Sacramento, CA 95811-1107	_				
		pation / Job title (See Instructions) President, Sector General Manager		Employer (See Instructions Gainwell Technologies)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weekes, Monica Contributor address; City; State; Zip Code Sacramento, CA 95811-1107				Amount of Contribution (\$)	\$384.61
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Senior Vice I	President, Sector General Manager		Gainwell Technologies			
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ Williamson, Dena Contributor address; City; State; Zip Code Carrollton, TX 75010-6435				Amount of Contribution (\$)	\$15.00
	·	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr. Director,	Acct Management		Health Management Sys	ste	ns 	

	MONEI	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/31 Rpt: 32/36	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Co	mmittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 01/31/2025	5 Full name of contributorWilliamson, Dena6 Contributor address; City; St			7	Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75010-643	5				
8	•	pation / Job title (See Instructions	3)	9 Employer (See Instructions			
	Sr. Director,	Acct Management		Health Management Sy	ste	ms	
	Date 02/14/2025	Full name of contributor Williamson, Dena Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75010-643	5				
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Sr. Director,	Acct Management		Health Management Sy	ste	ms	
	Date 02/28/2025	Full name of contributor Williamson, Dena Contributor address; City; St	·			Amount of Contribution (\$)	\$15.00
	Delicate at a second	Carrollton, TX 75010-643			<u></u>		
		pation / Job title (See Instructions Acct Management	5)	Employer (See Instructions Health Management Sy		ms	
	Date 03/14/2025	Full name of contributor Williamson, Dena Contributor address; City; St Carrollton, TX 75010-643	ate; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5) 		
	•	Acct Management	"	Health Management Sy	•	ms	
	Date 03/31/2025	Full name of contributor Williamson, Dena	. ,)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>. </u>		
	•	Acct Management		Health Management Sy		ms	

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	A1
	The Instru	ction Guide explains how to complete thi	s foi	rm.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 33/36	
2	FILER NAME				3	•	Filers)
		Iding Corp. Political Action Committee				00083099	
4	Date 04/15/2025	Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$15.00
•	Dringing oggu	Carrollton, TX 75010-6435	lo.	Employer (See Instructions			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		me	
	Sr. Director,	Acct Management		Health Management Sy	sie	IIIS	
	Date 04/30/2025	Full name of contributor out-of-state PAC (II Williamson, Dena Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75010-6435					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Director,	Acct Management		Health Management Sy	ste	ms	
	Date 05/15/2025	Full name of contributor out-of-state PAC (II Williamson, Dena Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75010-6435					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		Acct Management		Health Management Sy		ms	
	Date 05/30/2025	Full name of contributor out-of-state PAC (III Williamson, Dena	 D#:			Amount of Contribution (\$)	\$15.00
	03/30/2023	Contributor address; City; State; Zip Code Carrollton, TX 75010-6435					Ψ13.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr. Director,	Acct Management		Health Management Sy	ste	ms	
	Date 06/13/2025	Full name of contributor out-of-state PAC (II Williamson, Dena Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75010-6435					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Director,	Acct Management		Health Management Sy	ste	ms	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/31 Rpt: 34/36	
2	FILER NAME Gainwell Ho	lding Corp. Political Action Committee		3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_Williamson, Dena Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Carrollton, TX 75010-6435	9 Employer (See Instructions			
0		Acct Management	Health Management Sys		ms	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ Worthy, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$384.61
	Principal occu	Concord, MA 01742-2319 upation / Job title (See Instructions)	Employer (See Instructions	i)		
	SVP, Chief Marketing Officer Gainwell Technologies			,		
	Date 06/13/2025				Amount of Contribution (\$)	\$384.61
		Concord, MA 01742-2319				
		Ipation / Job title (See Instructions) Marketing Officer	Employer (See Instructions Gainwell Technologies	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Worthy, Susan Contributor address; City; State; Zip Code Concord, MA 01742-2319			Amount of Contribution (\$)	\$384.61
		ippation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVI , CIIICI I	Marketing Officer	Gainwell Technologies			

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 35/36	
2	FILER NAME		3	F	iler ID	(Ethics Commission F	ilers)
	Gainwell Ho	ding Corp. Political Action Committee		0	0083	099	
4	Date 01/31/2025	 Name of person from whom amount is received JP Morgan Chase Bank, NA Address of person from whom amount is received; City; State; Zip Code 				8 Amount (\$)	\$28.92
		New York, NY 10038 7 Purpose for which amount is received	noliti	ical	contr	ibution returned to filer	
		Bank Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2025	JP Morgan Chase Bank, NA					\$23.85
		Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10038					
		Purpose for which amount is received Check if Bank Interest	ooliti	ica	contr	ibution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	
	03/31/2025	JP Morgan Chase Bank, NA					\$26.36
		Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10038					
			ooliti	ica	contr	ibution returned to filer	
L		Bank Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/30/2025	JP Morgan Chase Bank, NA					\$24.40
		Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10038					
			ooliti	ica	contr	Iibution returned to filer	
		Bank Interest					
Г	Date	Name of person from whom amount is received				Amount (\$)	
	05/30/2025	JP Morgan Chase Bank, NA					\$20.16
		Address of person from whom amount is received; City; State; Zip Code	•••••	••••			
		Nov. Verla NV 10000					
		New York, NY 10038	مداند	ic-	00:-1	ibution returned to El-	
		Purpose for which amount is received	ooliti	ica	contr	ibution returned to filer	

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: 2/2 Rpt: 36/36 2 FILER NAME Filer ID (Ethics Commission Filers) Gainwell Holding Corp. Political Action Committee 00083099 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 JP Morgan Chase Bank, NA \$24.45 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10038 Purpose for which amount is received ☐ Check if political contribution returned to filer Bank Interest Amount (\$) Name of person from whom amount is received Date 02/05/2025 Joan Huffman Campaign \$7,500.00 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77005 Purpose for which amount is received X Check if political contribution returned to filer Void of 11.18.24 Disbursement