

# 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: 78	
3 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of 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  <input type="checkbox"/> Change of 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 120,855.82
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 123,057.19
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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 78

<b>17 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00083099
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 120,855.82
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	\$ 572.57

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/73 Rpt: 4/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <b>6</b> Contributor address; City; State; Zip Code  Arrington, TN 37014-1423	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Executive Vice President, Sales		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	Full name of contributor <input type="checkbox"/> 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 Instructions) Gainwell Technologies
Date 08/18/2025	Full name of contributor <input type="checkbox"/> 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 Instructions) Gainwell Technologies
Date 08/28/2025	Full name of contributor <input type="checkbox"/> 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 Instructions) Gainwell Technologies
Date 09/15/2025	Full name of contributor <input type="checkbox"/> 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 Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/73 Rpt: 5/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arrington, TN 37014-1423	<b>7</b> Amount of Contribution (\$)  \$384.61
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Principal occupation / Job title (See Instructions) Executive Vice President, Sales		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/73 Rpt: 6/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arrington, TN 37014-1423	<b>7</b> Amount of Contribution (\$)  \$0.07
<b>8</b> Principal occupation / Job title (See Instructions) Executive Vice President, Sales		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jeff <hr/> Contributor address; City; State; Zip Code  Byrdstown, TN 38549-4675	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Director, Client Delivery Leader		Employer (See Instructions) Gainwell Technologies LLC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	Amount of Contribution (\$)  \$444.45
Principal occupation / Job title (See Instructions) Vice President, Product Management		Employer (See Instructions) Gainwell Technologies LLC
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	Amount of Contribution (\$)  \$444.45
Principal occupation / Job title (See Instructions) Vice President, Product Management		Employer (See Instructions) Gainwell Technologies LLC
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	Amount of Contribution (\$)  \$444.45
Principal occupation / Job title (See Instructions) Vice President, Product Management		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/73 Rpt: 7/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	<b>7</b> Amount of Contribution (\$)  \$444.45
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Product Management		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	Amount of Contribution (\$)  \$444.45
Principal occupation / Job title (See Instructions) Vice President, Product Management		Employer (See Instructions) Gainwell Technologies LLC
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<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, MN 55386-4509	<b>7</b> Amount of Contribution (\$)  \$444.45
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Product Management		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman, Jennifer <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4768	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Brandon <hr/> Contributor address; City; State; Zip Code  Conway, AR 72034-7781	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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**

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/73 Rpt: 10/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristow, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hermosa Beach, CA 90254-2270	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Population Health Management		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.07
Principal occupation / Job title (See Instructions) SVP, Population Health Management		Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/73 Rpt: 11/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southern Pines, NC 28387-2110	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Sector General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/18/2025	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 08/28/2025	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 09/15/2025	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
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Date 09/30/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/73 Rpt: 12/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southern Pines, NC 28387-2110	<b>7</b> Amount of Contribution (\$)  \$384.61
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Principal occupation / Job title (See Instructions) SVP, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.07
Principal occupation / Job title (See Instructions) SVP, Sector General Manager		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/73 Rpt: 13/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  South Jordan, UT 84095-5951	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Officer		<b>9</b> Employer (See Instructions) Health Management Systems
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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 09/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/73 Rpt: 14/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  South Jordan, UT 84095-5951	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Officer		<b>9</b> Employer (See Instructions) Health Management Systems
Date 10/15/2025	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 10/31/2025	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 11/14/2025	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 11/28/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/73 Rpt: 15/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  South Jordan, UT 84095-5951	<b>7</b> Amount of Contribution (\$)  \$0.07
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Officer		<b>9</b> Employer (See Instructions) Health Management Systems
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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 08/28/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/73 Rpt: 16/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm <b>6</b> Contributor address; City; State; Zip Code Indian River, MI 49749-9633	<b>7</b> Amount of Contribution (\$) \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Account General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm 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 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm 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 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm 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 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/73 Rpt: 17/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Malcolm <hr/> <b>6</b> Contributor address; City; State; Zip Code  Indian River, MI 49749-9633	<b>7</b> Amount of Contribution (\$)  \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Account General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 12/15/2025	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 (\$)  \$0.12
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/73 Rpt: 18/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	<b>7</b> Amount of Contribution (\$)  \$555.56
<b>8</b> Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	Amount of Contribution (\$)  \$555.56
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/73 Rpt: 19/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Long Grove, IL 60047-5204	<b>7</b> Amount of Contribution (\$)  \$555.56
<b>8</b> Principal occupation / Job title (See Instructions) Executive Vice President, Chief Operations Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costalas, Steve <hr/> Contributor address; City; State; Zip Code  Naples, FL 34110-9134	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Executive Vice President, Chief Legal Officer and Secretar		Employer (See Instructions) Gainwell Technologies LLC
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Douglas <hr/> Contributor address; City; State; Zip Code  Macomb, MI 48042-5668	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Director, Client Delivery Leader		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/73 Rpt: 20/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh <b>6</b> Contributor address; City; State; Zip Code  Boise, ID 83716-8839	<b>7</b> Amount of Contribution (\$)  \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh 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 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh 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 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh 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 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh 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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/73 Rpt: 21/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daharwal, Harsh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boise, ID 83716-8839	<b>7</b> Amount of Contribution (\$)  \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.12
Principal occupation / Job title (See Instructions) Director, Delivery Shared Services		Employer (See Instructions) Gainwell Technologies
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decrevel, Johnny <hr/> Contributor address; City; State; Zip Code  East Helena, MT 59635-3158	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/73 Rpt: 22/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Seana Smith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Upper Arlington, OH 43220-4530	<b>7</b> Amount of Contribution (\$)  \$333.33
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, State Government Solutions		<b>9</b> Employer (See Instructions) Health Management Systems
Date 07/31/2025	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
Date 08/18/2025	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
Date 08/28/2025	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
Date 09/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/73 Rpt: 23/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Seana Smith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Upper Arlington, OH 43220-4530	<b>7</b> Amount of Contribution (\$)  \$333.33
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, State Government Solutions		<b>9</b> Employer (See Instructions) Health Management Systems
Date 10/15/2025	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
Date 10/31/2025	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
Date 11/14/2025	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
Date 11/28/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/73 Rpt: 24/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Seana Smith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Upper Arlington, OH 43220-4530	<b>7</b> Amount of Contribution (\$)  \$0.04
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, State Government Solutions		<b>9</b> Employer (See Instructions) Health Management Systems
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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 08/28/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/73 Rpt: 25/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		<b>9</b> Employer (See Instructions) Health Management Systems
Date 09/30/2025	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 10/15/2025	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 10/31/2025	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 11/14/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/73 Rpt: 26/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, State Govt Solutions		<b>9</b> Employer (See Instructions) Health Management Systems
Date 12/15/2025	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 12/31/2025	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 07/15/2025	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 07/31/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/73 Rpt: 27/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Parkland, FL 33076-2992	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		<b>9</b> Employer (See Instructions) Health Management Systems
Date 08/28/2025	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 09/15/2025	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 09/30/2025	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 10/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/73 Rpt: 28/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Parkland, FL 33076-2992	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		<b>9</b> Employer (See Instructions) Health Management Systems
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.07
Principal occupation / Job title (See Instructions) Senior Vice President, Coordination of Benefits		Employer (See Instructions) Health Management Systems
Date 07/15/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/73 Rpt: 29/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waltham, MA 02451-2313	<b>7</b> Amount of Contribution (\$)  \$454.54
<b>8</b> Principal occupation / Job title (See Instructions) Sr VP, Sector Lead		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/18/2025	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 08/28/2025	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 09/15/2025	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 09/30/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/73 Rpt: 30/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waltham, MA 02451-2313	<b>7</b> Amount of Contribution (\$)  \$454.54
<b>8</b> Principal occupation / Job title (See Instructions) Sr VP, Sector Lead		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/31/2025	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 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.06
Principal occupation / Job title (See Instructions) Sr VP, Sector Lead		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/73 Rpt: 31/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elk River, MN 55330-8607	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Chief Growth Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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 09/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/73 Rpt: 32/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elk River, MN 55330-8607	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Chief Growth Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/15/2025	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 10/31/2025	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 11/14/2025	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 11/28/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/73 Rpt: 33/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Nathan <b>6</b> Contributor address; City; State; Zip Code  Elk River, MN 55330-8607	<b>7</b> Amount of Contribution (\$)  \$0.07
<b>8</b> Principal occupation / Job title (See Instructions) Chief Growth Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald 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 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald 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 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald 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 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald 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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/73 Rpt: 34/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-7575	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Director of Sales Solution		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 09/30/2025	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 10/15/2025	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 10/31/2025	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 11/14/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/73 Rpt: 35/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-7575	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Director of Sales Solution		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 12/15/2025	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 (\$)  \$0.10
Principal occupation / Job title (See Instructions) Director of Sales Solution		Employer (See Instructions) Gainwell Technologies
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hablutzel, Margo Lynn <hr/> Contributor address; City; State; Zip Code  Durham, NC 27703-8123	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	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 07/31/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/73 Rpt: 36/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Vandalia, OH 45377-9688	<b>7</b> Amount of Contribution (\$)  \$307.69
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/28/2025	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 09/15/2025	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 09/30/2025	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 10/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/73 Rpt: 37/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Vandalia, OH 45377-9688	<b>7</b> Amount of Contribution (\$)  \$307.69
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.03
Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist		Employer (See Instructions) Gainwell Technologies
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge Thompson, Talecia <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30064-4674	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/73 Rpt: 38/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	<b>7</b> Amount of Contribution (\$)  \$111.11
<b>8</b> Principal occupation / Job title (See Instructions) Program Management, Senior Principal		<b>9</b> Employer (See Instructions) Health Management Systems
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/73 Rpt: 39/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	<b>7</b> Amount of Contribution (\$)  \$111.11
<b>8</b> Principal occupation / Job title (See Instructions) Program Management, Senior Principal		<b>9</b> Employer (See Instructions) Health Management Systems
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$111.11
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Michael <hr/> Contributor address; City; State; Zip Code  Croton On Hudson, NY 10520-3124	Amount of Contribution (\$)  \$0.01
Principal occupation / Job title (See Instructions) Program Management, Senior Principal		Employer (See Instructions) Health Management Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/73 Rpt: 40/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) VP, Risk Management		<b>9</b> Employer (See Instructions) Health Management Systems
Date 07/31/2025	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 (\$)  \$192.30
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 08/18/2025	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 08/28/2025	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 (\$)  \$192.30
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems
Date 09/15/2025	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 (\$)  \$192.30
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Health Management Systems



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/73 Rpt: 41/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <b>6</b> Contributor address; City; State; Zip Code Elkhorn, WI 53121-2871	<b>7</b> Amount of Contribution (\$) \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) VP, Risk Management		<b>9</b> Employer (See Instructions) Health Management Systems
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri 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 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri 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 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri 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 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri 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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/73 Rpt: 42/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knickrehm, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rancho Santa Fe, CA 92067-2407	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Chairman and CEO		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labrie, Thomas <hr/> Contributor address; City; State; Zip Code  Readfield, ME 04355-3381	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Director, Service Delivery		Employer (See Instructions) Gainwell Technologies LLC
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Amy <hr/> Contributor address; City; State; Zip Code  Bedford Hills, NY 10507-2302	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Vice President, Deputy General Counsel		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/73 Rpt: 43/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Director, Case Management		<b>9</b> Employer (See Instructions) Health Management Systems
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/73 Rpt: 44/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Director, Case Management		<b>9</b> Employer (See Instructions) Health Management Systems
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/73 Rpt: 45/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80211-2903	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Production Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason 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 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason 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 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason 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 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason 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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/73 Rpt: 46/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marby, Mason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80211-2903	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Production Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 10/15/2025	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 10/31/2025	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 11/14/2025	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 11/28/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/73 Rpt: 47/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22314-1390	<b>7</b> Amount of Contribution (\$)  \$138.46
<b>8</b> Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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 09/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/73 Rpt: 48/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22314-1390	<b>7</b> Amount of Contribution (\$)  \$138.46
<b>8</b> Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/15/2025	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 10/31/2025	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 11/14/2025	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 11/28/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/73 Rpt: 49/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22314-1390	<b>7</b> Amount of Contribution (\$)  \$0.02
<b>8</b> Principal occupation / Job title (See Instructions) Application Architect, Senior Principal		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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 08/28/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/73 Rpt: 50/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <b>6</b> Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	<b>7</b> Amount of Contribution (\$) \$4.62
<b>8</b> Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		<b>9</b> Employer (See Instructions) Health Management Systems
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric 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 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric 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 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric 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 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/73 Rpt: 51/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	<b>7</b> Amount of Contribution (\$)  \$4.62
<b>8</b> Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		<b>9</b> Employer (See Instructions) Health Management Systems
Date 12/15/2025	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 12/31/2025	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 07/15/2025	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 07/31/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/73 Rpt: 52/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edison, NJ 08820-2623	<b>7</b> Amount of Contribution (\$)  \$5.42
<b>8</b> Principal occupation / Job title (See Instructions) Senior Professional Application Designer		<b>9</b> Employer (See Instructions) Health Management Systems
Date 08/28/2025	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 09/15/2025	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 09/30/2025	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 10/15/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/73 Rpt: 53/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edison, NJ 08820-2623	<b>7</b> Amount of Contribution (\$)  \$5.42
<b>8</b> Principal occupation / Job title (See Instructions) Senior Professional Application Designer		<b>9</b> Employer (See Instructions) Health Management Systems
Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 12/31/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/73 Rpt: 54/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Caryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ashburn, VA 20148-7189	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Contracts Management		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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
Date 07/31/2025	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
Date 08/18/2025	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
Date 08/28/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/73 Rpt: 55/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn <b>6</b> Contributor address; City; State; Zip Code Jersey City, NJ 07306-2791	<b>7</b> Amount of Contribution (\$) \$333.33
<b>8</b> Principal occupation / Job title (See Instructions) Account General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn 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
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn 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
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn 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
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/73 Rpt: 56/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn <b>6</b> Contributor address; City; State; Zip Code  Jersey City, NJ 07306-2791	<b>7</b> Amount of Contribution (\$)  \$333.33
<b>8</b> Principal occupation / Job title (See Instructions) Account General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn Contributor address; City; State; Zip Code  Jersey City, NJ 07306-2791	Amount of Contribution (\$)  \$0.04
Principal occupation / Job title (See Instructions) Account General Manager		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/73 Rpt: 57/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	<b>7</b> Amount of Contribution (\$)  \$0.20
<b>8</b> Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		<b>9</b> Employer (See Instructions) Health Management Systems
Date 09/15/2025	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 09/30/2025	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 10/15/2025	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 10/31/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/73 Rpt: 58/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	<b>7</b> Amount of Contribution (\$)  \$0.20
<b>8</b> Principal occupation / Job title (See Instructions) Associate Manager, Clinical Review		<b>9</b> Employer (See Instructions) Health Management Systems
Date 11/28/2025	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
Date 12/15/2025	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 12/31/2025	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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preddy, Marshall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-2613	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Senior Director, Associate General Counsel and Corporate P		Employer (See Instructions) Gainwell Technologies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/73 Rpt: 59/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roenfeldt, Den <hr/> <b>6</b> Contributor address; City; State; Zip Code  Evergreen, CO 80439-8613	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Chief Assurance Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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 09/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/73 Rpt: 60/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roefeldt, Den <hr/> <b>6</b> Contributor address; City; State; Zip Code  Evergreen, CO 80439-8613	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Chief Assurance Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Oded <hr/> Contributor address; City; State; Zip Code  Ridgewood, NJ 07450-2610	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Vice President, Financial Reporting		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/73 Rpt: 61/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <b>6</b> Contributor address; City; State; Zip Code  Golden, CO 80403-1162	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney, Senior Principal		<b>9</b> Employer (See Instructions) Health Management Systems
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan 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 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan 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 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan 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 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/73 Rpt: 62/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Golden, CO 80403-1162	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney, Senior Principal		<b>9</b> Employer (See Instructions) Health Management Systems
Date 11/28/2025	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
Date 12/15/2025	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 12/31/2025	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 07/15/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/73 Rpt: 63/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Iselin, NJ 08830-2453	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		<b>9</b> Employer (See Instructions) Health Management Systems
Date 08/18/2025	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
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Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		Employer (See Instructions) Health Management Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/73 Rpt: 64/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Iselin, NJ 08830-2453	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		<b>9</b> Employer (See Instructions) Health Management Systems
Date 10/31/2025	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
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Date 11/14/2025	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 11/28/2025	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 12/15/2025	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 (\$)  \$0.10
Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization		Employer (See Instructions) Health Management Systems



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/73 Rpt: 65/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Stillwater, MN 55082-7581	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Sales		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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
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Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/73 Rpt: 66/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Stillwater, MN 55082-7581	<b>7</b> Amount of Contribution (\$)  \$192.30
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Sales		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/15/2025	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
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Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/73 Rpt: 67/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wacker, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Stillwater, MN 55082-7581	<b>7</b> Amount of Contribution (\$)  \$0.10
<b>8</b> Principal occupation / Job title (See Instructions) Vice President, Sales		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	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
Date 07/31/2025	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
Date 08/18/2025	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
Date 08/28/2025	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**

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<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
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<b>8</b> Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
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Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		Employer (See Instructions) Gainwell Technologies LLC
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yinxiang <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kildeer, IL 60047-1848	<b>7</b> Amount of Contribution (\$)  \$416.66
<b>8</b> Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		<b>9</b> Employer (See Instructions) Gainwell Technologies LLC
Date 12/15/2025	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 (\$)  \$0.08
Principal occupation / Job title (See Instructions) Chief AI Officer, SVP, AI solutions		Employer (See Instructions) Gainwell Technologies LLC
Date 07/15/2025	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 07/31/2025	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 08/18/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/73 Rpt: 70/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekes, Monica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sacramento, CA 95811-1107	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 09/15/2025	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
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/73 Rpt: 71/78
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<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekes, Monica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sacramento, CA 95811-1107	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/28/2025	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 12/15/2025	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 (\$)  \$0.07
Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager		Employer (See Instructions) Gainwell Technologies
Date 07/15/2025	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 07/31/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/73 Rpt: 72/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		<b>9</b> Employer (See Instructions) Health Management Systems
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Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	Amount of Contribution (\$)  \$15.00
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/73 Rpt: 73/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		<b>9</b> Employer (See Instructions) Health Management Systems
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Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Health Management Systems
Date 11/28/2025	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 12/15/2025	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 12/31/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/73 Rpt: 74/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Concord, MA 01742-2319	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2025	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 08/18/2025	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 08/28/2025	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
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Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/73 Rpt: 75/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Concord, MA 01742-2319	<b>7</b> Amount of Contribution (\$)  \$384.61
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/15/2025	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 10/31/2025	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 11/14/2025	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 11/28/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/73 Rpt: 76/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthy, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Concord, MA 01742-2319	<b>7</b> Amount of Contribution (\$)  \$0.07
<b>8</b> Principal occupation / Job title (See Instructions) SVP, Chief Marketing Officer		<b>9</b> Employer (See Instructions) Gainwell Technologies

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 77/78
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2025	<b>5</b> Name of person from whom amount is received JP Morgan Chase Bank, NA	<b>8</b> Amount (\$) \$48.70
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/29/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$89.53
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$97.83
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$110.30
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/28/2025	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$112.36
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	Purpose for which amount is received 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: 78/78

2 FILER NAME

Gainwell Holding Corp. Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00083099

4 Date

12/31/2025

5 Name of person from whom amount is received

JP Morgan Chase Bank, NA

8 Amount (\$)

\$113.85

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

New York, NY 10038

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer