

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 184

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kinkade, E. Andrea, , ,

Mailing Address 2340 Detroit Ave
3rd Floor

City
Maumee

State
OH

Zip Code
43537-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaminsky & Associates, Inc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2019

Transaction ID : 13342064

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carlson, Charles, , ,

Mailing Address 4862 East Baseline Rd. #101

City
Mesa

State
AZ

Zip Code
85206-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Intelligence, Inc.

Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2019

Transaction ID : 13342066

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilcox, David, V., ,

Mailing Address 195 River Vista Place
Suite 206

City
Twin Falls

State
ID

Zip Code
83301-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Magic Valley Insurance, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2019

Transaction ID : 13385647

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00