

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

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

FOR LINE NUMBER: PAGE 16 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Rose, Mark, , ,

Mailing Address 11225 SE 6 Th St
 Suite 110

City
 Bellevue

State
 WA

Zip Code
 98004-6478

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 The Partners Group

Occupation (for Individual)
 Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 08 / 2019

Transaction ID : 12857778

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Southan, Tamela, L., ,

Mailing Address 101 W. Renner Rd., Ste 330

City

Richardson

State

TX

Zip Code

75082-2025

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Benefit Solutions By Design

Occupation (for Individual)
 Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 08 / 2019

Transaction ID : 12857870

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Renkar, Christopher, J., ,

Mailing Address 8814 Fargo Road
 Suite 125

City

Richmond

State

VA

Zip Code

23229-4628

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Independent Benefits LLC

Occupation (for Individual)
 Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 09 / 2019

Transaction ID : 12858254

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

615.00

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