

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

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

FOR LINE NUMBER: PAGE 18 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

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

A. Bartal, Lori, A, ,

Mailing Address 4401 Deer Path Rd

City
Harrisburg

State
PA

Zip Code
17110-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Concordia Companies Inc

Occupation (for Individual)
Lead Ext Audit Support Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : 201912110294-514

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Bartal, Lori, A, ,

Mailing Address 4401 Deer Path Rd

City
Harrisburg

State
PA

Zip Code
17110-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Concordia Companies Inc

Occupation (for Individual)
Lead Ext Audit Support Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2019

Transaction ID : 2019122317335-514

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Battles, Michael, T, ,

Mailing Address 120 5th Avenue Place

City
Pittsburgh

State
PA

Zip Code
15222-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HM Health Solutions Inc.

Occupation (for Individual)
Business Systems Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2019

Transaction ID : 201912110294-403

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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