

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Clingan, Nedra, C., ,

Mailing Address 13222 Huisache Way

City
Helotes

State
TX

Zip Code
78023-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UnitedHealthcare

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : 13526048

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Berger, Stephanie, , ,

Mailing Address 79 Daily Dr #276

City
Camarillo

State
CA

Zip Code
93010-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Collaborative Insurance Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : 13526049

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Blain, Bradford, H., ,

Mailing Address 343 Waller Avenue
Suite 101

City
Lexington

State
KY

Zip Code
40504-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AI Torstrick Insurance Agency, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : 13526050

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

100.00