

# **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. Kane, Karen, T., ,**

Mailing Address 3342 NE 156th Ave

City  
Portland

State  
OR

Zip Code  
97230-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Solutions NW, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2020

**Transaction ID : 14467466**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. LaFay, Stacey, S., ,**

Mailing Address 2444 East Hill Rd.

City  
Grand Blanc

State  
MI

Zip Code  
48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Franklin Benefit Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

**Transaction ID : 14468077**

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

**C. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

**Transaction ID : 14468080**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

645.00