

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

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

FOR LINE NUMBER: PAGE 68 OF 189

(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. Ackerman, Mark, K., ,

Mailing Address 3700 Forest Drive
Suite 300

City
Columbia

State
SC

Zip Code
29204-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurance Management Group, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2019

Transaction ID : 13445391

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. 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)
Renaissance Family of Companies

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2019

Transaction ID : 13445394

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2019

Transaction ID : 13445395

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

155.00

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