

# **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)

PAGE 80 OF 189

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Baker, Misty, J., ,**

Mailing Address 502 Brookside Pass

City  
Cedar Park

State  
TX

Zip Code  
78613-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenefitMall

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2019

**Transaction ID : 13446948**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Chornak, Shelley, A., ,**

Mailing Address 7251 Engle Rd. Suite 103

City  
Cleveland

State  
OH

Zip Code  
44130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2019

**Transaction ID : 13446952**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Mendieta, Adriana, , ,**

Mailing Address PO BOx 727

City  
Artesia

State  
CA

Zip Code  
90702-0727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2019

**Transaction ID : 13446955**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

97.00