

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 121 OF 189

☒ 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. Deacon, Joseph, H., ,

Mailing Address 221 1/2 Hale Street
PO Box 2831

City
Charleston

State
WV

Zip Code
25301-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Deacon & Deacon Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR433129321537

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. McFerrin, Dwane, C., ,

Mailing Address 8420 West Dodge Road
Suite 510

City
Omaha

State
NE

Zip Code
68114-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Market Sales, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR433168121537

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Barrett, William, J., ,

Mailing Address 6 Keswick Commons

City
New Albany

State
OH

Zip Code
43054-8231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Custom Design Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR433180621537

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

250.00