

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

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

FOR LINE NUMBER: PAGE 136 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. Shaffer, Annette, , ,

Mailing Address 418 South Main Street

City
Findlay

State
OH

Zip Code
45840-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Group Benefit Consultants

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR436917221537

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. Kaczmarek, Lawrence, , ,

Mailing Address 145 N. Chestnut St.,
Ste. 202

City
Ravenna

State
OH

Zip Code
44266-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR436923421537

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

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

C. Cason, Louie, L., ,

Mailing Address PO Box 11229

City
Columbia

State
SC

Zip Code
29211-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Cason Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR436934821537

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

231.00