

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

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

FOR LINE NUMBER: PAGE 163 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. Carlson, Daryl, , ,

Mailing Address 200 W Vine Street
Ste 300

City
Lexington

State
KY

Zip Code
40507-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BB&T Insurance Services, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR437442121537

Amount of Each Receipt this Period

15.00

☐ Memo Item

P/R Deduction (\$15.00 Monthly)

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

B. Crotty, Karen, R., ,

Mailing Address 67 Walnut Avenue
Suite 304

City
Clark

State
NJ

Zip Code
07066-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kistler Tiffany Benefits

Occupation (for Individual)
Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR437445121537

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

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

C. Mutter, Amy, D., ,

Mailing Address 2670 Electric Road

City
Roanoke

State
VA

Zip Code
24018-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Innovative Insurance Group, LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

596.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR437454921537

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

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

90.00