

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

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

FOR LINE NUMBER: PAGE 167 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. Contorno, David, , ,

Mailing Address 106 Langtree Village Dr
Suite 301

City
Mooresville

State
NC

Zip Code
28117-7571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
E Powered Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR437566621537

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Miles, Bradley, V., ,

Mailing Address 1110 W Ironwood Dr

City

Coeur D Alene

State

ID

Zip Code

83814-2475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brad Miles Insurance

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR437580321537

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

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

C. Mobley, Dennis, F., ,

Mailing Address 137 Executive Drive
Suite D

City

Madison

State

MS

Zip Code

39110-8456

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mobley Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR437587521537

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

360.00