

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

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

FOR LINE NUMBER: PAGE 270 OF 674

(check only one)

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

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NAME OF COMMITTEE (In Full)

WellCare Health Plans, Inc. PAC (WellCare PAC)

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

A. Jewett, Valerie, , ,

Mailing Address 8735 Henderson Road

City  
TampaState  
FLZip Code  
33634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

B. Jewett, Valerie, , ,

Mailing Address 8735 Henderson Road

City  
TampaState  
FLZip Code  
33634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : SA11AI.22666

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

C. Jindal, Sohini G, , ,

Mailing Address 8735 Henderson Road

City  
TampaState  
FLZip Code  
33634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2019

Transaction ID : SA11AI.18854

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

134.61

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