

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 273 OF 674

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. 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 ▼

961.50

Date of Receipt

M M	D D	Y Y Y Y
06	28	2019

Transaction ID : SA11AI.22720

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Johnson, Alice A, , ,

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
03	22	2019

Transaction ID : SA11AI.18950

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Johnson, Alice A, , ,

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 ▼

269.22

Date of Receipt

M M	D D	Y Y Y Y
04	05	2019

Transaction ID : SA11AI.19428

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

173.07

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