

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Schwartz, Matt, B., ,

Mailing Address 2950 Breckenridge Lane, Suite 8

City
Louisville

State
KY

Zip Code
40220-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schwartz Insurance Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2019

Transaction ID : 13030010

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Maxwell, Lisa, , ,

Mailing Address G3526 Miller Rd. Suite B

City
Flint

State
MI

Zip Code
48507-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Security First Benefits Corporation

Occupation (for Individual)
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2019

Transaction ID : 13030015

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Rose, Mark, , ,

Mailing Address 11225 SE 6 Th St
Suite 110

City
Bellevue

State
WA

Zip Code
98004-6478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Partners Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2019

Transaction ID : 13030018

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00