

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

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

FOR LINE NUMBER: PAGE 81 OF 131

(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. Pedersen, Jill, L., ,

Mailing Address 16325 Boones Ferry Rd #204

City
Lake Oswego

State
OR

Zip Code
97035-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Benefit Solutions, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : 13191584

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Carothers, Christopher, B., ,

Mailing Address 3161 East Warm Springs Rd #300

City
Las Vegas

State
NV

Zip Code
89120-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carothers Insurance Agency, Inc.

Occupation (for Individual)
Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : 13191585

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Miles, Bradley, V., ,

Mailing Address 6127 N Campbell Road

City
Otis Orchards

State
WA

Zip Code
99027-9277

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : 13191602

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

700.00