

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

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

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

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

A. Deshazer, Charles, , ,

Mailing Address 402 Laurel Oak Dr

City  
SewickleyState  
PAZip Code  
15143-9391FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highmark IncOccupation (for Individual)  
SVP & Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2019

Transaction ID : 201901234295-697

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. Dzimiera, Peter, E, ,

Mailing Address 151 Fort Pitt Blvd  
Apt 506City  
PittsburghState  
PAZip Code  
15222-1568FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Highmark IncOccupation (for Individual)  
SVP Consulting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2019

Transaction ID : 201901234295-347

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Edwards, Mary, E, ,

Mailing Address 320 Fort Duquesne Blvd  
Apt 14KCity  
PittsburghState  
PAZip Code  
15222-1124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HM Health Solutions Inc.Occupation (for Individual)  
SVP Commercial Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2019

Transaction ID : 201901234295-773

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

360.00

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