

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

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

FOR LINE NUMBER: PAGE 68 OF 180

(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. Berger, Stephanie, , ,

Mailing Address 79 Daily Dr #276

City
Camarillo

State
CA

Zip Code
93010-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Collaborative Insurance Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2019

Transaction ID : 13265849

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Blain, Bradford, H., ,

Mailing Address 343 Waller Avenue
Suite 101

City
Lexington

State
KY

Zip Code
40504-2912

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2019

Transaction ID : 13265850

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Hebert, Hedy, S., ,

Mailing Address 390 Plaza Loop.

City
Bossier City

State
LA

Zip Code
71111-4390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Consulting Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2019

Transaction ID : 13265851

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)..... ►

155.00