

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. Booth, Tonya, S., ,

Mailing Address 275 W. Campbell Road
Suite 215 - LB 16

City
Richardson

State
TX

Zip Code
75080-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upshaw Insurance Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR436911021109

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Shaffer, Annette, , ,

Mailing Address 418 South Main Street

City
Findlay

State
OH

Zip Code
45840-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Group Benefit Consultants

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR436917221109

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Kaczmarek, Lawrence, , ,

Mailing Address 145 N. Chestnut St.,
Ste. 202

City
Ravenna

State
OH

Zip Code
44266-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : PR436923421109

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

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

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

161.00