

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

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

FOR LINE NUMBER: PAGE 646 OF 1628

(check only one)

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

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NAME OF COMMITTEE (In Full)

WellCare Health Plans, Inc. PAC (WellCare PAC)

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

**A. Jindal, Sohini G, , ,**

Mailing Address 8735 Henderson Road

City  
Tampa

State  
FL

Zip Code  
33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.

Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : SA11AI.25820

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Jindal, Sohini G, , ,**

Mailing Address 8735 Henderson Road

City  
Tampa

State  
FL

Zip Code  
33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.

Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2019

Transaction ID : SA11AI.26356

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Jindal, Sohini G, , ,**

Mailing Address 8735 Henderson Road

City  
Tampa

State  
FL

Zip Code  
33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WellCare Health Plans, Inc.

Occupation (for Individual)  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2019

Transaction ID : SA11AI.26861

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45