

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

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

FOR LINE NUMBER: PAGE 647 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 ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : SA11AI.27380

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 ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : SA11AI.27912

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 ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : SA11AI.28423

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