

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

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

FOR LINE NUMBER: PAGE 1428 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. Waters, Stella M., ,**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : SA11AI.29098**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Waters, Stella M., ,**

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : SA11AI.29575**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Watson, Anthony L., ,**

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 ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : SA11AI.22997**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

78.46