

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1430 OF 1628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Watson, Anthony L., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC 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 ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2019

Transaction ID : SA11AI.25067

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

B. Watson, Anthony L., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC 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 ▼

499.98

Date of Receipt

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

Transaction ID : SA11AI.25594

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Watson, Anthony L., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC 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 ▼

538.44

Date of Receipt

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

Transaction ID : SA11AI.26133

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

115.38

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