

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

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

FOR LINE NUMBER: PAGE 48 OF 113

(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. Jazmines, Hermilo O, , ,

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 ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : SA11AI.32499

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
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 ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2020

Transaction ID : SA11AI.31040

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
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 ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2020

Transaction ID : SA11AI.31500

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

288.45

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