

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 99

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Kowalczyk-Gonzalez, CarrieAnne, , ,

Mailing Address 6568 S Federal Way #213

City  
BoiseState  
IDZip Code  
83716-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Touch Ins & Benefits, LLCOccupation (for Individual)  
Health Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2020

Transaction ID : 14524566

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Sweatt, Shelly, , ,

Mailing Address 14 Commerce Road

City

Newtown

State

CT

Zip Code

06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TR Paul, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2020

Transaction ID : 14524571

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Chornak, Shelley, A., ,

Mailing Address 7251 Engle Rd. Suite 103

City

Cleveland

State

OH

Zip Code

44130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Partners, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2020

Transaction ID : 14524573

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

492.00

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