

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

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

FOR LINE NUMBER: PAGE 132 OF 205

(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. Kaelin, Bobbi, , ,**

Mailing Address 253 South Broadway #509

City  
Los Angeles

State  
CA

Zip Code  
90012-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PayPro Administrators

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR433138221659

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

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

**B. McFerrin, Dwane, C., ,**

Mailing Address 8420 West Dodge Road  
Suite 510

City  
Omaha

State  
NE

Zip Code  
68114-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Market Sales, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR433168121659

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Barrett, William, J., ,**

Mailing Address 6 Keswick Commons

City  
New Albany

State  
OH

Zip Code  
43054-8231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Custom Design Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR433180621659

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

165.00

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