

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Health Underwriters Political Action Committee

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		381415.46
(b) Cash on Hand at Beginning of Reporting Period.....	243599.58	
(c) Total Receipts (from Line 19)	50055.67	490858.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	293655.25	872274.30
7. Total Disbursements (from Line 31).....	28399.29	607018.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	265255.96	265255.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 10 / 15 / 2020 To: 11 / 23 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36204.17	297400.17
(ii) Unitemized	9851.50	182458.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46055.67	479858.84
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	46055.67	479858.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	4000.00	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50055.67	490858.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50055.67	490858.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1399.29	14167.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1399.29	14167.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	589500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3351.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3351.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28399.29	607018.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28399.29	607018.34

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	46055.67	479858.84
34. Total Contribution Refunds (from Line 28(d))	0.00	3351.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46055.67	476507.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1399.29	14167.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1399.29	14167.34

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MC 32-20
 100 North Academy Avenue
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266460
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Touralosa Dr
 City Westfield State IN Zip Code 46074-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preventia Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 806.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266463
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Branch Hollow Dr
 City Dallas State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266464
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266465
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Easterling, Sy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Porter Ave
 City Biloxi State MS Zip Code 39530-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266466
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Skinner, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402-1277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hoosier Dental Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266467
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hartmann, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave, Suite 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2020
Transaction ID : 15266480
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Frankel, Teri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd Suite 300
 City Woodland Hills State CA Zip Code 91367-6485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267718
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Eisenhower Parkway Second Floor
 City Roseland State NJ Zip Code 07068-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267721
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1115.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Biers, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave., 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267724
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267726
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Sullivan, Audra, I., SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 N Watson Rd Ste 287
 City Arlington State TX Zip Code 76006-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vogue Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267728
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	107.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hynes, Bernard, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 N. Central Ave.
 Suite 1170
 City Phoenix State AZ Zip Code 85012-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hynes Benefits Consulting, LLC Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267731
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 16 / 2020
Transaction ID : 15267732
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way
 Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270474
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6340 South Western Ave
 Ste 120
 City Sioux Falls State SD Zip Code 57108-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270475
 Amount of Each Receipt this Period 85.00
 Memo Item

B. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270477
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Patton, Lee, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270478
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Ramsay, Robert, Gene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1836 Harrison Drive
 City Gardendale State AL Zip Code 35071-3468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Your Benefits Advisor Occupation (for Individual) Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270479
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270480
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Bailey, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Ave 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2020
Transaction ID : 15270486
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2020
Transaction ID : 15270544
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Buechler, Anthony, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13811 S 50TH ST
 City Papillion State NE Zip Code 68133-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buechler Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2020
Transaction ID : 15270545
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kidder, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Newport Blvd Ste 190
 City Newport Beach State CA Zip Code 92663-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2020
Transaction ID : 15270551
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Santa Fe St, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 995.00

Date of Receipt 10 / 18 / 2020
Transaction ID : 15270552
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Brooks, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 10876
 City Lynchburg State VA Zip Code 24506-0876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Personal Design Financial Services, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2020
Transaction ID : 15270635
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stewart, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18130 N 64th Dr W
 City Glendale State AZ Zip Code 85308-1068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RS Assurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2020
Transaction ID : 15270636
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Powell, Rita, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H&H Insurance Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 19 / 2020
Transaction ID : 15270640
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Underhill, Charles, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 626
 City Woodland Hills State CA Zip Code 91365-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 10 / 19 / 2020
Transaction ID : 15270643
 Amount of Each Receipt this Period 12.00
 Memo Item

c. Hall, Dwight, , CHC, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 20 / 2020
Transaction ID : 15271600
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Johnson, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 C Street, Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : 15271604
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Bartholomew, Rhonda, , CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HUB International Group Division Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : 15271606
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Raymond, Garrin, Mitchell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northwest General Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : 15271609
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 186
<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)
Health Underwriters Political Action Committee

A. Woodward, Thomas, Nathan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 West Bankhead Hwy
 City Villa Rica State GA Zip Code 30180-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MY FINANCIAL SERVICES LLC Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2020
Transaction ID : 15272140
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 Covey Chase Drive
 City Charlotte State NC Zip Code 28210-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IHC Specialty Benefits Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2020
Transaction ID : 15272142
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 21 / 2020
Transaction ID : 15272144
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 186
<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)
Health Underwriters Political Action Committee

A. Greene, Sean, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services Occupation (for Individual) Employee Benefit Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2020
Transaction ID : 15272149
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 15274062
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 15274064
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Protect Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 15274065
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Boaz, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Roberts Drive Suite 100
 City Atlanta State GA Zip Code 30338-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthLife Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 15274066
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Qualizza, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 W. 151st Street
 City Olathe State KS Zip Code 66062-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 15274068
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Siino, Thomas, , RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Clifton Avenue

City Clifton	State NJ	Zip Code 07013-3622
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Executive Benefits Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2020

Transaction ID : 15274155

Amount of Each Receipt this Period
30.00

Memo Item

B. Pleasants, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6726 Stuyvesant Ct.

City Corpus Christi	State TX	Zip Code 78414-4269
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UnitedHealthcare Employer & Individual	Occupation (for Individual) Account Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2020

Transaction ID : 15274156

Amount of Each Receipt this Period
30.00

Memo Item

C. Goodman, Robert, Hiram, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Independence Plaza
Suite 800

City Birmingham	State AL	Zip Code 35209-2639
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McGriff Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2020

Transaction ID : 15274157

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Winson, Shelly, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1914
 City Chandler State AZ Zip Code 85244-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) True Choice Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274158
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Baskett, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601C Blanding Ave #222
 City Alameda State CA Zip Code 94501-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Baskett Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274162
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Braner, Jodie, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 Lake Ebenezer Trl
 City Marietta State GA Zip Code 30066-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274164
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 186
	<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)
Health Underwriters Political Action Committee

A. Griffey, Patricia, A., CSA, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Primrose Cir
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274167
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Griffey, Don, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Prim Rose Circle
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hailey-Campbell, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274168
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274171
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Kern, Roy, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 South Fort Avenue, Suite B
 City Springfield State MO Zip Code 65807-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kern Insurance Services, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274173
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Franke, Gary, , MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Bellevue Way NE Suite 8A-545
 City Bellevue State WA Zip Code 98004-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Achieve Alpha Insurance, LLC Occupation (for Individual) Health Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274174
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Blain, Bradford, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 Waller Avenue Suite 101
 City Lexington State KY Zip Code 40504-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AI Torstrick Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274177
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274178
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274179
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Reeves, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3702 Brownsboro Rd
 City Louisville State KY Zip Code 40207-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274180
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tellesbo-Kembel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 4th Avenue,
 44th Floor
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274181
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Clingan, Nedra, C., GBDS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13222 Huisache Way
 City Helotes State TX Zip Code 78023-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274186
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 15274236
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Clark, Jonathan, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6084 South 900 East, Suite 102
 City Murray State UT Zip Code 84121-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274331
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Baker, Misty, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Green Valley Dr
 City Leander State TX Zip Code 78641-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274332
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sweatt, Shelly, , CIC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 3345.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274335
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	415.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street
 Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274338
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kowalczyk-Gonzalez, CarrieAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6568 S Federal Way #213
 City Boise State ID Zip Code 83716-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274339
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Fugitt-Hetrick, Pamela, Leigh, LUTCF, PPC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Soquel Avenue
 City Santa Cruz State CA Zip Code 95062-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DCD Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274342
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. McConnaughey, John, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071-0805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JRM & Associates Agency, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274343
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Todd, Richard, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Belle Meadow Lane
 City Little Rock State AR Zip Code 72210-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274344
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Todd, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7011 Lucea Rd
 City Little Rock State AR Zip Code 72210-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274345
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Helms, John, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 Camino Diablo # 205
 City Walnut Creek State CA Zip Code 94597-3992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Helms Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274347
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Todd, Helen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Financial Centre Parkway Suite 300
 City Little Rock State AR Zip Code 72211-3588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274348
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 24 / 2020
Transaction ID : 15274349
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Berg, Allan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3170 44th Street, Unit 110
 City Fargo State ND Zip Code 58104-8596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Benefits Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274442
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Address, Carolyn, Marie, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 Highway 34 2nd Floor
 City Wall Township State NJ Zip Code 07719-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274445
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gwin, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1396
 City Irmo State SC Zip Code 29063-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Insurance Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274449
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Rice, Russell, Lee, SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8830 Buckskin Dr

City Boerne	State TX	Zip Code 78006-5554
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AVESIS, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2020

Transaction ID : 15274450

Amount of Each Receipt this Period
85.00

Memo Item

B. Wright, Dennis, E., RHU, CSFP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Chestnut Hills Pky

City Fort Wayne	State IN	Zip Code 46814-8934
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Employee Plans, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2020

Transaction ID : 15274451

Amount of Each Receipt this Period
30.00

Memo Item

C. Thal, Harry, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2137

City KERNVILLE	State CA	Zip Code 93238-2137
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2020

Transaction ID : 15274452

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Beck, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Plaza East Blvd
 City Evansville State IN Zip Code 47715-2870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIHO Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274454
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Lucas, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1089
 City Richmond Hill State GA Zip Code 31324-1089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bill Lucas & Associates Insurance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274455
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Olson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N. 203rd St, Suite 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 474.00

Date of Receipt 10 / 25 / 2020
Transaction ID : 15274459
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Spinelli, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Avenue Street
 Suite 1500
 City Cleveland State OH Zip Code 44114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) VP Group Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 25 / 2020**
Transaction ID : 15274460
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Grant, Staci, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Glendale Ave
 City Livingston State NJ Zip Code 07039-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry O. Baker Insurance Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 26 / 2020**
Transaction ID : 15274497
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hatfield, Matthew, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2451 Broadway
 City Fort Wayne State IN Zip Code 46807-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hatfield Insurance Services, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 26 / 2020**
Transaction ID : 15274498
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gilbert, Debra, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 Mustang Drive
 Suite 200
 City Grapevine State TX Zip Code 76051-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274501
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Linneman, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Rice Street
 Ste 200
 City Saint Paul State MN Zip Code 55113-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Insurance Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274503
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Niederman, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1745 Shea Center Dr
 4th Floor
 City Highlands Ranch State CO Zip Code 80129-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Niederman Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274506
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Mann, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14727 E Red Bayberry Ct
 City Cypress State TX Zip Code 77433-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compliance Office Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274507
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jellyvision Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274508
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Jurkus, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 823 Commerce Drive, Suite 350
 City Oak Brook State IL Zip Code 60523-8855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274511
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Selby, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Dodd Ter
 City Verona State NJ Zip Code 07044-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274514
 Amount of Each Receipt this Period 30.00
 Memo Item

B. (Wooden) Lovincey, Rebecca, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 NE Park Plaza Dr #293
 City Vancouver State WA Zip Code 98684-5881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Agent
 AIMEA Insurance, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274515
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Northwest General Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274517
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tretter, Robert, C., CLU, ChFC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Health Underwr Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274518
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Cociu, Dorothy, M., RHU, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834-6677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274520
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gutierrez, Antonio 'Tony', , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefitcare.com Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2020
Transaction ID : 15274521
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stocks, Deborah, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11551 Nuckols Rd Ste N
 City State Zip Code
 Glen Allen VA 23059-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Your Benefits Partner LLC Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2020
Transaction ID : 15274522
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Goodacre, James, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 22423
 City State Zip Code
 Carmel CA 93922-0423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 James W. Goodacre II Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275033
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Jackson, Jerry, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5113 N. Executive Drive Suite 102
 City State Zip Code
 Peoria IL 61614-4893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Jackson Financial Services Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275034
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Furr, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Village Bl., Ste. 203
 City Incline Village State NV Zip Code 89451-8293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Menath Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275035
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Schwartz, Matt, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Breckenridge Lane, Suite 8A
 City Louisville State KY Zip Code 40220-1462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275036
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Nezat, Ron, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 91180
 City Lafayette State LA Zip Code 70509-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Financial Resources, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275040
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tierney, Robert, J., HDHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 N Main St
STE 200

City Meridian State ID Zip Code 83642-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275046

Amount of Each Receipt this Period 85.00

Memo Item

B. Ruffin, Helena, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1167 Roxbury Dr
#103

City Los Angeles State CA Zip Code 90035-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ruffin Insurance Solutions, Inc. Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275048

Amount of Each Receipt this Period 30.00

Memo Item

C. Hill, Donna, D., FLMI,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway
Suite 285

City Duluth State GA Zip Code 30097-5246

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275049

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Severo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 Chestnut St.
 Ste 200
 City Meadville State PA Zip Code 16335-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DJB Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275050
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Witt, Kelly, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Pine Hill Way
 City Carmel State IN Zip Code 46032-7701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Health and Wellness Group Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275051
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jennings, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MassAHU
 91 Cedar St
 City Milford State MA Zip Code 01757-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Association of Health Un Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275052
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 186
<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)
Health Underwriters Political Action Committee

A. Johnson, Suzanne, K., RHU, CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5955 Carnegie Blvd Suite 150

City Charlotte	State NC	Zip Code 28209-4664
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Employee Benefit Advisors	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : 15275054

Amount of Each Receipt this Period
85.00

Memo Item

B. Singleton, Terry, , REBC,CFP,C,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1021 Douglas Ave

City Altamonte Springs	State FL	Zip Code 32714-2029
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Enterprise Team	Occupation (for Individual) Partner
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : 15275056

Amount of Each Receipt this Period
85.00

Memo Item

C. Underhill, Elizabeth, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5951 Canoga Avenue

City Woodland Hills	State CA	Zip Code 91367-5010
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Underhill Insurance Agency, Inc.	Occupation (for Individual) Insurance agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2020

Transaction ID : 15275058

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keystone Ins. & Benefits Group, LLC Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275059
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Tomlinson, Neal, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 71628
 City Albany State GA Zip Code 31708-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Doherty Duggan Hart & Tiernan Insurors Commercial Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275060
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Matznick, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Cottingham Ct.
 City Greensboro State NC Zip Code 27410-8362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Triune Technologies, Inc. Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275061
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Shepherd, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1183 N. Henderson St.
 City Galesburg State IL Zip Code 61401-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Way Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275155
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Muhich, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3658 Bristol Cove Lane
 City Saint Cloud State FL Zip Code 34772-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Be Well Consulting Corp. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275157
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Marra, Linda, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1983 Marcus Avenue Suite 114
 City New Hyde Park State NY Zip Code 11042-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ladmar Associates Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275165
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Grose, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 Mabry Hood Rd., STE 201
 City Knoxville State TN Zip Code 37932-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PMG Benefits Consulting, LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275175
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rose, Vincent, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 South Lake Street
 City Marquette State MI Zip Code 49855-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 44North Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275180
 Amount of Each Receipt this Period 240.00
 Memo Item

C. McGuinness, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1258 S Washingotn
 City Saginaw State MI Zip Code 48601-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saginaw Bay Underwriters Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275191
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 186
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275197
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Seibel, Ronald, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 317
 City Driftwood State TX Zip Code 78619-0317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Benefits Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275199
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Avery, Michael, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 North Dixie
 City Odessa State TX Zip Code 79761-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL J. Avery & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275203
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275211
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gant, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 North Weinbach Avenue
 City Evansville State IN Zip Code 47711-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275223
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas, Lyndon, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 207
 City Ojai State CA Zip Code 93024-0207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lyndon Thomas Insurance Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275226
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 186
	<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)
Health Underwriters Political Action Committee

A. Schafer, Luke, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Iron Point Circle #200
 City Folsom State CA Zip Code 95630-8593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit & Risk Mgmt Svcs, Inc Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275263
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Levy, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21021 Ventura Boulevard, Suite 200
 City Woodland Hills State CA Zip Code 91364-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Strategies Inc Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 15275271
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Goodacre, James, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 22423
 City Carmel State CA Zip Code 93922-0423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James W. Goodacre II Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275277
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hoover, Shelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15431 Washington St.
 City Riverside State CA Zip Code 92506-5763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dickerson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275287
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Olson, Trenton, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9980 S. 300 W. Suite 140
 City Sandy State UT Zip Code 84070-3641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefits Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275289
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Whaley, Vicki, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 759
 170 River Rock Rd
 City Lewiston State CA Zip Code 96052-0759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vicki Whaley Ins Svcs. Occupation (for Individual) Health Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275292
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Applegate, Teena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 C Street, Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2020
Transaction ID : 15275293
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Blackford, Stephen, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11481 Old St. Augustine Rd., # 201
 City Jacksonville State FL Zip Code 32258-1475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Blackford Group Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2020
Transaction ID : 15275295
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Lago, Julian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6671 W Indiantown Rd, Ste 50284
 City Jupiter State FL Zip Code 33458-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Benezon LLC Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2020
Transaction ID : 15275297
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Waren, M. Hughes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 7661
 City Wilmington State NC Zip Code 28406-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275300
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275302
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Morrison, James, M., RHU,REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275303
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tower, Kimberly, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 E ParkCenter Blvd, Suite 100
 City Boise State ID Zip Code 83706-6512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PacificSource Health Plans Occupation (for Individual) Sales Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275306
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bilhartz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42376 Klondike Way
 City Indio State CA Zip Code 92203-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275307
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Malvich, Marlayna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4166 Jackson Blvd
 City White Lake State MI Zip Code 48383-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefits Plus Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275308
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 85.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Lardiere, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 B Hanover Road
 Suite 220
 City Florham Park State NJ Zip Code 07932-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275310
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bechtold, Annette, , REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Stone Cliff Trace
 City Cleveland State GA Zip Code 30528-5397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275311
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 AIA
 City Vero Beach State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275312
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	178.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Childers, Russell, B., CLU,ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275313
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275314
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Scopp, Kenneth, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12121 Wilshire Blvd Ste 1100
 City Los Angeles State CA Zip Code 90025-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Financial Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275315
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Scott, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275316
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Maitland Center Pkwy Ste 125
 City Maitland State FL Zip Code 32751-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275317
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Johnson, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 252 Apacheria Pass W
 City Comfort State TX Zip Code 78013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275319
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275321
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Collins, Martha, T., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 N. Mountain Avenue Suite 208
 City Upland State CA Zip Code 91786-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275322
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lawless, James, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 East Main Street Suite 110
 City Lexington State KY Zip Code 40502-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Insurance Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275323
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Ambro, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275324
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Danzig, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employers Committed To Control Health Occupation (for Individual) Vice President of Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275325
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275326
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sklar, Erika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 W Big Beaver Rd
 Ste 2020
 City Troy State MI Zip Code 48084-4925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benebiz Plus Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275327
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275328
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gant, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 North Weinbach Avenue
 City Evansville State IN Zip Code 47711-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275331
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stubbs, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 337
 City Jerome State ID Zip Code 83338-0337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hall and Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275333
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cagliola, Victoria, , CPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275334
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Snowden, Scott, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Lyndon Lane, Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snowden & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275335
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 186
<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)
Health Underwriters Political Action Committee

A. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street
 Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275336
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ragusa, Ruth, Ferry, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9029 Jefferson Highway
 Suite D 250
 City New Orleans State LA Zip Code 70123-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fleurins Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275337
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275338
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 NE Douglas St
 City Lees Summit State MO Zip Code 64064-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275339
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Healy, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 S. Parker Road Suite A2-143
 City Aurora State CO Zip Code 80014-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilogy Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275343
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Petersen, Benjamin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 971
 City Ridgefield State WA Zip Code 98642-0971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275347
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Barnette, Mary Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Executive Center Dr.
 Suite 108
 City Columbia State SC Zip Code 29210-8418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Barnette Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275353
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Knippen Loeb, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Spring Lake Drive
 City Itasca State IL Zip Code 60143-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Euclid Managers Occupation (for Individual) Employee Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275355
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Devos, Pamela, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5437 Breckenridge Ct.
 City Frisco State TX Zip Code 75034-4021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pamela J. Devos Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275444
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1515.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Grosjean, David, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2125 Wyoming Blvd. NE
 City Albuquerque State NM Zip Code 87112-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grosjean Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275773
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 28 / 2020
Transaction ID : 15275812
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Johnston, David, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Beaumont Avenue
 City Cherry Valley State CA Zip Code 92223-6820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Benefits Consultancy Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 30 / 2020
Transaction ID : 15276334
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Kennedy-Simington, Dierdre, , CHRS, LPRT,

Mailing Address 1000 E Walnut Street, Suite 236

City Pasadena	State CA	Zip Code 91106-5332
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2020

Transaction ID : 15276597

Amount of Each Receipt this Period
42.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Little, Cathy, , ,

Mailing Address 1145 2nd Street #A-269

City Brentwood	State CA	Zip Code 94513-2292
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Essential Exchange Insurance Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
402.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2020

Transaction ID : 15276599

Amount of Each Receipt this Period
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Smith, Michael, David, ,

Mailing Address 6200 Stone Hill Farms Parkway

City Flower Mound	State TX	Zip Code 75028-4312
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Brokerage, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2020

Transaction ID : 15276600

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Jacquet, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4584 North Rancho Drive
 City Las Vegas State NV Zip Code 89130-3478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Branch Benefits Consultants Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 01 / 2020
Transaction ID : 15276604
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Mayer, Alana, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 11 / 01 / 2020
Transaction ID : 15276605
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Martin, M. Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1291 Jefferson Terrace
 City Macon State GA Zip Code 31201-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M. Danny Martin Occupation (for Individual) Insurance Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 01 / 2020
Transaction ID : 15276606
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bagley, Calvin, Dean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9640 W. Tropicana Avenue, Suite 10
 City Las Vegas State NV Zip Code 89147-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sun City Financial Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2020
Transaction ID : 15276607
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Shaw, Wanda, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 South 10 Street
 City Griffin State GA Zip Code 30224-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : 15276619
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487-0709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : 15276622
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Smith, Paul, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 963 D Queen Street
 City Southington State CT Zip Code 06489-1282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paul E. Smith Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : 15276623
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ameling, Mary, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Wood Lily Circle
 City Leland State NC Zip Code 28451-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2020
Transaction ID : 15276625
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Fitzgerald, Robert, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 Fowler St
 City Woodstock State GA Zip Code 30188-5023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2020
Transaction ID : 15276907
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Dorroh, Thomas, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 996
 City Killeen State TX Zip Code 76540-0996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276908
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13700 Six Mile Cypress Pkwy
 City Fort Myers State FL Zip Code 33912-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276911
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Bibian, Jolene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Maple Ct # 212
 City Ventura State CA Zip Code 93003-9122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mills + Maple Insurance Solutions Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276913
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. King, Carolyn, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Country Lane
 City Sussex State NJ Zip Code 07461-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276914
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276915
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 03 / 2020
Transaction ID : 15276916
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277155
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Ashby, Thomas, F., LPRT, LUTC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 70
 City Zirconia State NC Zip Code 28790-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Healthcare Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277157
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Mochan, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Radnor Rd Ste 202
 City State College State PA Zip Code 16801-7986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central PA Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277162
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	262.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Zavala, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4814 Cranbrook Dr E
 City Colleyville State TX Zip Code 76034-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277163
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277165
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Rice, Patty, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3810 69th Ave W
 City Tacoma State WA Zip Code 98466-5173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cascade Valley Insurance Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2020
Transaction ID : 15277166
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	188.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pedersen, Jill, L., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16325 Boones Ferry Rd #204

City Lake Oswego	State OR	Zip Code 97035-4297
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2020

Transaction ID : 15277168

Amount of Each Receipt this Period
65.00

Memo Item

B. Trokey, Kevin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 S. Kirkwood Rd Ste 201

City Saint Louis	State MO	Zip Code 63122-4359
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Q4intelligence LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2020

Transaction ID : 15277170

Amount of Each Receipt this Period
50.00

Memo Item

C. Dillon, Michael, F., CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

City Reno	State NV	Zip Code 89501-2005
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dillon Health	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2020

Transaction ID : 15277591

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Buechler, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13811 S 50TH ST
 City Papillion State NE Zip Code 68133-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buechler Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277592
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hausladen, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 American Blvd Suite500
 City Bloomington State MN Zip Code 55431-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277593
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277594
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Grossman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 NW Loop 410
 Suite 200
 City San Antonio State TX Zip Code 78213-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bank of San Antonio Insurance Grou Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277595
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kirk, Stephanie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18887 State Highway 305
 Suite 300
 City Poulsbo State WA Zip Code 98370-7461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277596
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 E 5th Avenue
 City Conshohocken State PA Zip Code 19428-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277597
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Auerbach & Gussin Insurance and Financ Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2020
Transaction ID : 15277598
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Gualtieri, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 JFK Boulevard, Suite 1220
 City Philadelphia State PA Zip Code 19103-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Savoy Associates Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2020
Transaction ID : 15277600
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E2E Benefits Services, Inc. Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2020
Transaction ID : 15277601
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Enders, Shannon, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5797 Harvey Street - Suite A
 City Norton Shores State MI Zip Code 49444-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeshore Employee Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt
 11 / 05 / 2020
Transaction ID : 15277602
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Michaels, Norman, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 NO CENTREAL AVE
 City Elmsford State NY Zip Code 10523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tristate Pay Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 05 / 2020
Transaction ID : 15277603
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Dumancas, Harilyn, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 NE Multnomah St. Attn: KPB14
 City Portland State OR Zip Code 97232-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 11 / 05 / 2020
Transaction ID : 15277604
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Lasley, Mariette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 Palmaya Lane
 City Orangevale State CA Zip Code 95662-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ameritas Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 11 / 05 / 2020
Transaction ID : 15277607
 Amount of Each Receipt this Period 12.00
 Memo Item

B. DeBruin, Teresa, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5441 Edgerton Drive
 City Peachtree Corners State GA Zip Code 30092-2185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeBruin Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277843
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Niederman, Tammy, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Silver Maple Circle
 City Highlands Ranch State CO Zip Code 80129-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277848
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Webb, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Rd
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277849
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Whitfield, Pamela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 W. Tudor Rd. #207
 City Anchorage State AK Zip Code 99503-6648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elite-VB LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277850
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Cupo, Gary, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fairfields Commons 271 Route 46 West Suite F-109
 City Fairfield State NJ Zip Code 07004-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277851
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sokol, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 Wilshire Drive
Suite 330

City Troy State MI Zip Code 48084-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wilshire Benefits Group Inc Occupation (for Individual) President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277852

Amount of Each Receipt this Period 170.00

Memo Item

B. Combs, Susan, L., PPACA, ChH,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Fifth Ave
Ste 512

City New York State NY Zip Code 10001-7607

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277853

Amount of Each Receipt this Period 42.00

Memo Item

C. Odegard, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21308 John Milless Drive
Suite 102

City Rogers State MN Zip Code 55374-4875

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Odegard Benefit Services, LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 06 / 2020
Transaction ID : 15277854

Amount of Each Receipt this Period 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Brachlow, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Westchester Ave, Suite S229
 City White Plains State NY Zip Code 10604-3546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Executive Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **11 / 06 / 2020**
Transaction ID : 15277857
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frizzell, Paula, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Star Shoot Parkway Suite 170-408
 City Lexington State KY Zip Code 40509-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **11 / 07 / 2020**
Transaction ID : 15278080
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

C. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 336
 City Layton State UT Zip Code 84041-0937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt **11 / 07 / 2020**
Transaction ID : 15278081
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 07 / 2020
Transaction ID : 15278083
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Daidone, Grace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 S. Virginia
 City Reno State NV Zip Code 89502-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2020
Transaction ID : 15278086
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Chubet, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Main St. Suite B
 City Farmington State CT Zip Code 06032-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2020
Transaction ID : 15278087
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 186
<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)
Health Underwriters Political Action Committee

A. Sautter, Robert, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 South 400 West
 Suite 201
 City Vineyard State UT Zip Code 84058-5370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paylogics Occupation (for Individual) Client Adviser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2020
Transaction ID : 15278089
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Rome, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Lessard St
 City Donaldsonville State LA Zip Code 70346-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2020
Transaction ID : 15278090
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Mariscal, Debra, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1116
 City Westminster State CA Zip Code 92684-1116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infinisoure Benefit Solutions Occupation (for Individual) Business Develop Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2020
Transaction ID : 15278091
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Galardini, Richard, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7000 Stonewood Dr
Suite 251

City Wexford	State PA	Zip Code 15090-7376
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC	Occupation (for Individual) Chairman & CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

Transaction ID : 15278116

Amount of Each Receipt this Period
125.00

Memo Item

B. Tandrow, Tara, , CIC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 5815

City Boise	State ID	Zip Code 83705-0815
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HUB International	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

Transaction ID : 15278117

Amount of Each Receipt this Period
30.00

Memo Item

C. Theesfeld, Angela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 403 Toyah Brk

City San Antonio	State TX	Zip Code 78258-2564
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Davidson Camp Insurance Services, LLC	Occupation (for Individual) Account Executive
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2020

Transaction ID : 15278118

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pendergraft, Ross, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd,
 North Building, Suite 300
 City Woodland Hills State CA Zip Code 91367-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 11 / 08 / 2020
Transaction ID : 15278120
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Redmon, Bridget, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2684 Charlestown Road
 City New Albany State IN Zip Code 47150-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ISU Insurance & Investment Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 08 / 2020
Transaction ID : 15278121
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Garcia, J., Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Jordan Street
 Suite 400
 City Shreveport State LA Zip Code 71101-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2020
Transaction ID : 15278122
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wright, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Horvath Drive
 City Ithaca State NY Zip Code 14850-9711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Life Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278140
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Black, Elizabeth, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 847
 City McMinnville State OR Zip Code 97128-0847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hagan Hamilton Ins. & Financial Servic Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278143
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278145
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sansevieri, Paul, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 641
 City Corona Del Mar State CA Zip Code 92625-0641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 11 / 09 / 2020
Transaction ID : 15278147
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 09 / 2020
Transaction ID : 15278149
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8814 Fargo Road Suite 125
 City Richmond State VA Zip Code 23229-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 11 / 09 / 2020
Transaction ID : 15278151
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	322.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. McKittrick, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 Danley Drive
 City Rapid City State SD Zip Code 57702-6893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain Plains Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278152
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Scholz, Paul, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278153
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Jimison, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6185 Magnolia Ave Ste 319
 City Riverside State CA Zip Code 92506-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278154
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Deagle, Michael, P., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5150

FEC ID number of contributing federal political committee. **C**

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278156

Amount of Each Receipt this Period 166.67

Memo Item

B. Meredith, Griffin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 S 5th St Unit 303

City Louisville State KY Zip Code 40202-4309

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278157

Amount of Each Receipt this Period 85.00

Memo Item

c. Lindsay, Robert, , CPCU, CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2560 Fairway Ct

City Bettendorf State IA Zip Code 52722-6206

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthur J. Gallagher & Company Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278158

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	336.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 OF 186 (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)
Health Underwriters Political Action Committee

A. Rice, Lori, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Interpark Blvd
 City San Antonio State TX Zip Code 78216-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh Wortham Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278159
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Mordo, David, , ACA Certif,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 Newman Springs Rd Bldg 1 Suite 106
 City Red Bank State NJ Zip Code 07701-5690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 962.00

Date of Receipt 11 / 09 / 2020
Transaction ID : 15278160
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kelley, Dianne, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 N La Cholla Blvd. 154-219
 City Tucson State AZ Zip Code 85741-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 11 / 2020
Transaction ID : 15279414
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. McNally, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Acme Road
 Suite 2
 City Brewer State ME Zip Code 04412-1543
 Name of Employer (for Individual) Med-A-Vision, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 420.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279646
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 462.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279647
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Knight, Ronald David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 507
 City Carrollton State GA Zip Code 30112-0009
 Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 935.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279648
 Amount of Each Receipt this Period 85.00
 Memo Item
 Monthly Contribution

SUBTOTAL of Receipts This Page (optional)..... 169.00
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Harvey, Darren, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7001 Heritae Village Plaza Suite 1
 City Gainesville State VA Zip Code 20155-3094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Group Benefits Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279650
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lee, Kelli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 L Street Suite 270
 City Anchorage State AK Zip Code 99501-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279653
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Moore, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1006
 City Burlington State NC Zip Code 27216-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David R. Moore, CLU & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279654
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wayah Employee Benefits / EbenConcepts Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279659
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hild, Donald, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 Willard Dairy Rd. Suite 122
 City HIGH POINT State NC Zip Code 27265-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Moon Benefits Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279664
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Vipond, Elizabeth, T., CLU, CFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Cumberland Av Unit 1903
 City Tampa State FL Zip Code 33602-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Senior Health Advisor Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279666
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hinman, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 West 80th Place10070
 PO Box 10070

City Merrillville State IN Zip Code 46410-5433

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Professional Services Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279667

Amount of Each Receipt this Period
 20.00

Memo Item

B. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17117 Oak Drive
 Suite D

City Omaha State NE Zip Code 68130-2193

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279668

Amount of Each Receipt this Period
 85.00

Memo Item

C. Brannon, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Terrace Way, Suite B

City Greensboro State NC Zip Code 27403-3663

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Group US, Inc. Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279671

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Blomgren, Laura, , CLTC, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 National Parkway
 Suite 93550
 City Schaumburg State IL Zip Code 60173-5150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2020
Transaction ID : 15279674
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Moore, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1644 Plank Rd
 City Duncansville State PA Zip Code 16635-8376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L.R. Webber Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2020
Transaction ID : 15279675
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Fairbairn, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Creative Insurance Concepts Inc
 8069 Little Circle Rd
 City Noblesville State IN Zip Code 46060-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Insurance Concepts Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2020
Transaction ID : 15279676
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Riensche, Glen, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Havelock Ave
 City Lincoln State NE Zip Code 68507-1268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Insurance Services, Inc Financial Professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279678
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stewart, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 C Street, Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Sr. Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279679
 Amount of Each Receipt this Period 42.00
 Memo Item

C. West, James, E., CIC,FLMI,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28875 Frost Lane
 City Adel State IA Zip Code 50003-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NCMIC Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 12 / 2020
Transaction ID : 15279680
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 N Clark St
 City Chicago State IL Zip Code 60654-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANT INSURANCE Occupation (for Individual) Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279682
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Perry, Amy, , REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 851 International Pkwy Suite 120
 City Richardson State TX Zip Code 75081-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279683
 Amount of Each Receipt this Period 30.00
 Memo Item

C. May, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 East Main Suite A
 City Puyallup State WA Zip Code 98372-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2020
Transaction ID : 15279686
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Acuna, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17284 Slover Ave. Ste. 111

City Fontana	State CA	Zip Code 92337-7584
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2020

Transaction ID : 15279692

Amount of Each Receipt this Period
15.00

Memo Item

B. Barrett, William, J., CLU, ChFC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Aetna	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2020

Transaction ID : 15279694

Amount of Each Receipt this Period
30.00

Memo Item

C. Reid, Krys, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 582 Lynnhaven Parkway, #200

City Virginia Beach	State VA	Zip Code 23452-7386
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tower Benefit Consultants, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2020

Transaction ID : 15280381

Amount of Each Receipt this Period
2000.00

Memo Item

BofA Deposit

SUBTOTAL of Receipts This Page (optional).....	2045.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Denz, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Wild Ginger Lane

City Fleming Island	State FL	Zip Code 32003-3224
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aetna	Occupation (for Individual) Marketing Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2020

Transaction ID : 15280409

Amount of Each Receipt this Period
85.00

Memo Item

B. Fabini, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 10806
632 W Hamilton Rd

City Fort Wayne	State IN	Zip Code 46854-0806
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Secure Benefit Solutions	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2020

Transaction ID : 15280411

Amount of Each Receipt this Period
22.00

Memo Item

C. Schroeder, Scott, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 East First Street
P O Box 327

City Mechanicsville	State IA	Zip Code 52306-0327
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schroeder & Associates	Occupation (for Individual) President/Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2020

Transaction ID : 15280412

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 186
<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)
Health Underwriters Political Action Committee

A. Patrician, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N. Plum Grove Road, Suite C
 City Schaumburg State IL Zip Code 60173-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coordinated Benefits Company Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280419
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280420
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St Ste 570
 City Newport Beach State CA Zip Code 92660-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280421
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt
 11 / 13 / 2020
Transaction ID : 15280422
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Spell, Richard, Blake, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6176 Centre Camp Ct.
 City Greensboro State NC Zip Code 27455-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark III Employee Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 13 / 2020
Transaction ID : 15280423
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 11 / 13 / 2020
Transaction ID : 15280424
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 N. Elm Street
 Suite 201
 City Greensboro State NC Zip Code 27408-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280425
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Masucci, Joseph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Rouser Road
 Building 4 Suite 401
 City Moon Township State PA Zip Code 15108-2779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280426
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 11 / 13 / 2020
Transaction ID : 15280427
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 157.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Brooks, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 S Elm Pl. Ste C
 City Broken Arrow State OK Zip Code 74011-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flippo Insurance Occupation (for Individual) Insurance Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2020
Transaction ID : 15280726
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Johnson, David, S., LUTCF,RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2020
Transaction ID : 15280728
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hensley, Lizette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 84
 City Royse City State TX Zip Code 75189-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2020
Transaction ID : 15280730
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Castellani, Lorelei, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 905
 City Branchville State NJ Zip Code 07826-0905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Guidance Systems Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2020
Transaction ID : 15280734
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sutton, Trent, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Poleline Rd., # A
 City Pocatello State ID Zip Code 83201-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Health Insurance Broker Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2020
Transaction ID : 15280735
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Pierce, Mary, Jeannette, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 SE 105th Ct
 City Vancouver State WA Zip Code 98664-4746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2020
Transaction ID : 15280736
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MC 32-20
 100 North Academy Avenue
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 15 / 2020
Transaction ID : 15280779
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Mundell, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21486 Countryside Drive
 City Lake Forest State CA Zip Code 92630-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 15 / 2020
Transaction ID : 15280781
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Touralosa Dr
 City Westfield State IN Zip Code 46074-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preventia Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 891.00

Date of Receipt
 11 / 15 / 2020
Transaction ID : 15280782
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Branch Hollow Dr
 City Dallas State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2020
Transaction ID : 15280783
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 11 / 15 / 2020
Transaction ID : 15280784
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Easterling, Sy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Porter Ave
 City Biloxi State MS Zip Code 39530-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2020
Transaction ID : 15280785
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Skinner, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402-1277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hoosier Dental Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2020
Transaction ID : 15280786
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sullivan, Audra, I., SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 N Watson Rd Ste 287
 City Arlington State TX Zip Code 76006-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vogue Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280807
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hynes, Bernard, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 N. Central Ave. Suite 1170
 City Phoenix State AZ Zip Code 85012-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hynes Benefits Consulting, LLC Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280810
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280811
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Frankel, Teri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd Suite 300
 City Woodland Hills State CA Zip Code 91367-6485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280812
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Eisenhower Parkway Second Floor
 City Roseland State NJ Zip Code 07068-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280815
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Biers, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave., 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280818
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 16 / 2020
Transaction ID : 15280820
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 11 / 17 / 2020
Transaction ID : 15280846
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 186
<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)
Health Underwriters Political Action Committee

A. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6340 South Western Ave
 Ste 120
 City Sioux Falls State SD Zip Code 57108-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2020
Transaction ID : 15280847
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2020
Transaction ID : 15280849
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Patton, Lee, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Maple Street
 City West Des Moines State IA Zip Code 50265-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2020
Transaction ID : 15280850
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Ramsay, Robert, Gene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1836 Harrison Drive
 City Gardendale State AL Zip Code 35071-3468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Your Benefits Advisor Occupation (for Individual) Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2020
Transaction ID : 15280851
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 17 / 2020
Transaction ID : 15280852
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Bailey, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Ave 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2020
Transaction ID : 15280855
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2020
Transaction ID : 15280973
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Buechler, Anthony, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13811 S 50TH ST
 City Papillion State NE Zip Code 68133-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buechler Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2020
Transaction ID : 15280974
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Abels, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Rosebay Drive
 City Encinitas State CA Zip Code 92024-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Abels Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2020
Transaction ID : 15280978
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Kidder, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Newport Blvd
 Ste 190
 City Newport Beach State CA Zip Code 92663-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 18 / 2020
Transaction ID : 15280981
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Santa Fe St, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1058.00

Date of Receipt 11 / 18 / 2020
Transaction ID : 15280982
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Powell, Rita, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H&H Insurance Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 19 / 2020
Transaction ID : 15281847
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 156.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hillenbrand, John, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14500 S. Outer 40 Road
 Ste 203
 City Chesterfield State MO Zip Code 63017-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hillenbrand & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2020
Transaction ID : 15281850
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Brooks, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 10876
 City Lynchburg State VA Zip Code 24506-0876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Personal Design Financial Services, In Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2020
Transaction ID : 15281851
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Stewart, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18130 N 64th Dr W
 City Glendale State AZ Zip Code 85308-1068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RS Assurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2020
Transaction ID : 15281852
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Underhill, Charles, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 626
 City Woodland Hills State CA Zip Code 91365-0626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 11 / 19 / 2020
Transaction ID : 15281853
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Wall, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Post Office Box 2845
 City Ridgeland State MS Zip Code 39158-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark Wall & Company, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2020
Transaction ID : 15282076
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Hall, Dwight, , CHC, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 20 / 2020
Transaction ID : 15282527
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Johnson, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 C Street, Suite 500
 City Anchorage State AK Zip Code 99503-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Account Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 11 / 20 / 2020
Transaction ID : 15282529
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Bartholomew, Rhonda, , CHR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HUB International Group Division Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 11 / 20 / 2020
Transaction ID : 15282531
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Raymond, Garrin, Mitchell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northwest General Broker
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 11 / 20 / 2020
Transaction ID : 15282534
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 Covey Chase Drive
 City Charlotte State NC Zip Code 28210-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IHC Specialty Benefits Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 21 / 2020
Transaction ID : 15282751
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 11 / 21 / 2020
Transaction ID : 15282754
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Greene, Sean, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6096 Innovation Way
 City Carlsbad State CA Zip Code 92009-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services Occupation (for Individual) Employee Benefit Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 21 / 2020
Transaction ID : 15282759
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Knotts, Kenny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 Woodlake Drive
 City Benton State LA Zip Code 71006-9307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of LA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 21 / 2020
Transaction ID : 15282764
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 11 / 22 / 2020
Transaction ID : 15282784
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt
 11 / 22 / 2020
Transaction ID : 15282786
 Amount of Each Receipt this Period
 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Protect Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 22 / 2020
Transaction ID : 15282787
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Boaz, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Roberts Drive Suite 100
 City Atlanta State GA Zip Code 30338-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthLife Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2020
Transaction ID : 15282788
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Qualizza, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 W. 151st Street
 City Olathe State KS Zip Code 66062-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 22 / 2020
Transaction ID : 15282790
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Siino, Thomas, , RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Clifton Avenue

City Clifton	State NJ	Zip Code 07013-3622
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Executive Benefits Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : 15282822

Amount of Each Receipt this Period
30.00

Memo Item

B. Pleasants, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6726 Stuyvesant Ct.

City Corpus Christi	State TX	Zip Code 78414-4269
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UnitedHealthcare Employer & Individual	Occupation (for Individual) Account Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : 15282823

Amount of Each Receipt this Period
30.00

Memo Item

C. Goodman, Robert, Hiram, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Independence Plaza
Suite 800

City Birmingham	State AL	Zip Code 35209-2639
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McGriff Insurance Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : 15282824

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Winson, Shelly, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1914
 City Chandler State AZ Zip Code 85244-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) True Choice Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282825
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Baskett, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601C Blanding Ave #222
 City Alameda State CA Zip Code 94501-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Baskett Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282829
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Braner, Jodie, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 Lake Ebenezer Trl
 City Marietta State GA Zip Code 30066-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282831
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Griffey, Patricia, A., CSA, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Primrose Cir
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282834
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Kern, Roy, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 South Fort Avenue, Suite B
 City Springfield State MO Zip Code 65807-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kern Insurance Services, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282840
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Franke, Gary, , MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Bellevue Way NE Suite 8A-545
 City Bellevue State WA Zip Code 98004-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Achieve Alpha Insurance, LLC Occupation (for Individual) Health Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : 15282841
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 155.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 23 / 2020
Transaction ID : 15282845
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2020
Transaction ID : 15282846
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Reeves, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3702 Brownsboro Rd
 City Louisville State KY Zip Code 40207-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2020
Transaction ID : 15282847
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tellesbo-Kembel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 4th Avenue,
 44th Floor
 City Seattle State WA Zip Code 98154-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 23 / 2020
Transaction ID : 15282848
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Clingan, Nedra, C., GBDS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13222 Huisache Way
 City Helotes State TX Zip Code 78023-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2020
Transaction ID : 15282853
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Santa Fe St, #205
 City Corpus Christi State TX Zip Code 78404-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433061223939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 186
<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)
Health Underwriters Political Action Committee

A. Schreder, Lynn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433076123939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433095023939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Deacon, Joseph, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 1/2 Hale Street PO Box 2831
 City Charleston State WV Zip Code 25301-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deacon & Deacon Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433129323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 186
	<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)
Health Underwriters Political Action Committee

A. McFerrin, Dwane, C., CLU, CFP,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1000.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433168123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Barrett, William, J., CLU, ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Aetna Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433180623939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Christense, H Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Sonora Canyon Rd
 City Weatherford State TX Zip Code 76087-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433187723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 186
	<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)
Health Underwriters Political Action Committee

A. Rifkin, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Stonewall Lane
 City Mamaroneck State NY Zip Code 10543-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433196823939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Dorman, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 N Casaloma Dr Suite 411
 City Appleton State WI Zip Code 54913-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicare Masters, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433197423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

c. Long, Scott, W., CLCS, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1715 Greenway Village Dr.
 City Katy State TX Zip Code 77494-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beazley Group Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433206823939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Brittain, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 764.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433214323939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Gerken, Barb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 Monroe Street Suite A
 City Sylvania State OH Zip Code 43560-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433268323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Shooshanian, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd Ste 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433298723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Vetter, Leah, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 Regency Circle
 Suite 300
 City Omaha State NE Zip Code 68114-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthur J. Gallagher Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433302723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Thams, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Broadway
 City Denison State IA Zip Code 51442-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433308323939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Spleet, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433316623939
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$130.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 186
<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)
Health Underwriters Political Action Committee

A. Webber, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 E Hikk Rd
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Soutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433316723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Ornellas, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433463223939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Willison, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433468623939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	172.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Drake, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Gooding St N #106
 City Twin Falls State ID Zip Code 83301-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433504423939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Coogan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 North Bedford Road Suite 100
 City Mount Kisco State NY Zip Code 10549-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433548023939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. VanDuine, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 W Grand Blvd
 City Detroit State MI Zip Code 48202-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433572623939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Golden, Johnna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 Centerpoint Dr., Ste 940
 City Anchorage State AK Zip Code 99503-5825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433692823939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Butler, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Civic Circle Suite 200
 City Amarillo State TX Zip Code 79109-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Benefits & Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433694523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Schneider, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 W Taft St
 City Boise State ID Zip Code 83703-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR433791823939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Skinner, Roger, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5518 Hammock Glen Drive
 City Indianapolis State IN Zip Code 46235-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aflac Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436789423939
 Amount of Each Receipt this Period 30.50
 Memo Item
 P/R Deduction (\$30.50 Monthly)

B. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436821423939
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Rios-Carl, Elizabeth, E., PIWT SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436824523939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	285.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Rd
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436829723939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Ashmore, Elizabeth, , CBC, SGS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436830323939
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Grundman, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436838923939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wright, Keith, L., ChHC,CLU,R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 W Front St
 Ste 4
 City Traverse City State MI Zip Code 49684-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436848523939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Bean, Darrald, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3922 Rampart ST
 City Boise State ID Zip Code 83704-4557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bean Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436853323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Trebing, C. Louanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Patton Drive
 City Garland State TX Zip Code 75042-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436856923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Freeman, Michael, J., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2333 Camino Del Rio South
Suite 200

City San Diego State CA Zip Code 92108-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Occupation (for Individual) Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436861823939

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Mobley, Sandra, V., REBC,RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Executive Dr. Suite D

City Madison State MS Zip Code 39110-8456

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436869323939

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Wilson, Paula, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31930 Daniel Way

City Temecula State CA Zip Code 92591-2129

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436873523939

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Trahin, Cindy, K., RHU, CSA,

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

Mailing Address 7127 Homestead Road
Suite B

City Fort Wayne State IN Zip Code 46814-4601

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436875623939

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Johnston, David, N., ,

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

Mailing Address 1440 Beaumont Avenue

City Cherry Valley State CA Zip Code 92223-6820

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Benefits Consultancy Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436881523939

Amount of Each Receipt this Period 17.00

Memo Item

P/R Deduction (\$17.00 Monthly)

C. Stuart, Rodney, , ,

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

Mailing Address 484 E Carmel Dr
Suite 358

City Carmel State IN Zip Code 46032-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436883323939

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	97.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Adams, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 Minhinette Drive
 Suite 150
 City Roswell State GA Zip Code 30075-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Purchasing Alliance Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436891523939
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Monthly)

B. Spragins, Jackie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2073
 City Wichita Falls State TX Zip Code 76307-2073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436895323939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Janway, Leah-Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 SW 96
 City Oklahoma City State OK Zip Code 73159-6861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436901523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Morrow, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 CLEAR WATER TRAIL
 City HOLLY LAKE RANCH State TX Zip Code 75765-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kilpatrick Companies LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436903723939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 W. Campbell Road Suite 215 - LB 16
 City Richardson State TX Zip Code 75080-8001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upshaw Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436911023939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Shaffer, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 South Main Street
 City Findlay State OH Zip Code 45840-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group Benefit Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436917223939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 186
	<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)
Health Underwriters Political Action Committee

A. Kaczmarek, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St.,
 Ste. 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436923423939
 Amount of Each Receipt this Period 31.00
 Memo Item
 P/R Deduction (\$31.00 Monthly)

B. Cason, Louie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cason Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436934823939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Stenger, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVS Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436939923939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	201.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Seifert, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 189
 916 Main Street
 City Vancouver State WA Zip Code 98666-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436941623939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Woods, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 East Market Street
 City Warren State OH Zip Code 44484-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436950023939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Holland, Robert, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1630.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436961723939
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Schneider, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Trousdale Dr. Ste 202
 City Nashville State TN Zip Code 37220-1386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436963523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Parker, John, C., RHU, LTCP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436986823939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Splawn, William, Craig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Avenue C
 City Katy State TX Zip Code 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436992823939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Phillips, Paige, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040-5466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paige Phillips Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR436993023939
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

B. Fristoe, Kelly, Don, LUTCF, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4789
 City Wichita Falls State TX Zip Code 76308-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437002323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Thorn, Ryan, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437004023939
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Buie, Scott, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S 2300 E Ste 201
 City Salt Lake City State UT Zip Code 84117-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437010523939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Gray, Michael, D., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437016723939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Duhon, Keith, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Insurance Center, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437017123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 186
	<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)
Health Underwriters Political Action Committee

A. Kaczmarek, T. Darlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St., Suite 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437026323939
 Amount of Each Receipt this Period 31.00
 Memo Item
 P/R Deduction (\$31.00 Monthly)

B. Blizman, Donna, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1939 Racimo Dr
 City Sarasota State FL Zip Code 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefits Marketing Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437031523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Moore, Wesley, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540-0604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moore Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437039423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	91.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hayes, Leesa, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Lyndon Lane Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snowden & Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437043323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Ameling, Mary, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Wood Lily Circle
 City Leland State NC Zip Code 28451-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437057723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Olson, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437070223939
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 186
	<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)
Health Underwriters Political Action Committee

A. Alberts, Suzetta, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26555 Evergreen Drive
 Ste 535
 City Southfield State MI Zip Code 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1165.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437076123939
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

B. Smith, Kevin, W., CLU, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Overton Park
 3625 Cumberland Boulevard
 City Atlanta State GA Zip Code 30339-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KSA Insurance Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437077223939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Lopez, Juan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22431 Antonio Pkwy
 Suite B160-420
 City Rancho Santa Margarita State CA Zip Code 92688-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437079023939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	199.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 186
	<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)
Health Underwriters Political Action Committee

A. Koehler, Linda Rose, , LPRT CIP C,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Treeble Ct

City Greensboro	State NC	Zip Code 27406-5375
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437090123939

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Roiz, Mario, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10446 NW 31st Terrace

City Doral	State FL	Zip Code 33172-1200
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HR Benefit Services, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437104923939

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Stephens, James, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Mansell Ct East
Suite 400

City Roswell	State GA	Zip Code 30076-4859
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Humana	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437110723939

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Garner, G. Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308 Murraywood Drive
 City Columbia State SC Zip Code 29212-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) G. Russell Garner LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437113223939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. McEvilly, BRIAN, J., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7260 West Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McEvilly Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 476.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437117723939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Roberts, Joseph, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 Lincoln Mall Suite 200
 City Lincoln State NE Zip Code 68508-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNICO Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437118023939
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Benton, Bruce, D., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20300 Ventura Blvd
Suite 200

City Woodland Hills State CA Zip Code 91364-0959

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437123023939

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Antongiovanni, Joanna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2929 Allen Parkway
Suite 2500

City Houston State TX Zip Code 77019-2178

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marsh Wortham Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437128023939

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. Papenfus, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361-4026

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437137823939

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hebert, Laura, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 Flynn Pkwy
 Suite 403
 City Corpus Christi State TX Zip Code 78411-4372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hebert Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437154823939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Allard, Terry, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437182323939
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

C. Murray, Neal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 East Atlantic Boulevard
 City Pompano Beach State FL Zip Code 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank H. Furman, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437183423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	322.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 186
	<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)
Health Underwriters Political Action Committee

A. Ducote, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Highlandia Drive
 Suite 100
 City Baton Rouge State LA Zip Code 70810-6056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437184623939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Debler, Johnnie, O., RHU, ChHC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 E. Laurel St.
 City Rockport State TX Zip Code 78382-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSM Insurors Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437196423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Bunkers, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Lee Road, Suite 100
 City Winter Park State FL Zip Code 32789-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Plans, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437196723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Nace, Joshua, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W. Harrison Street, Suite S440
 City Seattle State WA Zip Code 98119-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dental Health Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437203323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Bundy-Cobb, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437204423939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Garbina, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Harry A. Koch Co Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437212223939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437218323939
 Amount of Each Receipt this Period 112.00
 Memo Item
 P/R Deduction (\$112.00 Monthly)

B. Daubert, Jim, F., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 67220
 City Lincoln State NE Zip Code 68506-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437219623939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Shores, Thomas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8596 W Bolsa Ct.
 City Boise State ID Zip Code 83709-5196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) T.A. Shores Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437221423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Musser, Rita, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Thames Drive
 City Fort Wayne State IN Zip Code 46815-5994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437229123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Gardner, Joy, K., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9424 Double R Blvd
 City Reno State NV Zip Code 89521-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comstock Insurance Agencies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437231223939
 Amount of Each Receipt this Period 47.00
 Memo Item
 P/R Deduction (\$47.00 Monthly)

C. Rowe, Peter, L., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 N. Central Ave Suite 810
 City Phoenix State AZ Zip Code 85012-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437236923939
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	247.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Barton, Diane, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Arthur J Gallagher & Co
 615 E. Britton Road
 City Oklahoma City State OK Zip Code 73114-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437254123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Merken, Monte, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24577 Indian Hill Lane
 City West Hills State CA Zip Code 91307-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merken Insurance, Petersen Internation Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437256123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. McLane, Mark, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Veterans Drive, Suite 210
 City Traverse City State MI Zip Code 49684-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mark McLane Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437258323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 186
	<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)
Health Underwriters Political Action Committee

A. Powers-Booth, Sandra, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437264323939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Hardy, Allen, D., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Kosciusko Road P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Security Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437264923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Harte, Heather, Roberts, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11365 Avant Lane
 City Cincinnati State OH Zip Code 45249-2373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437268323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Toups, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437270523939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Hissong, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8401 Widmer Rd
 City Lenexa State KS Zip Code 66215-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437274723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 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 ▼ 1250.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437281023939
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 186
<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)
Health Underwriters Political Action Committee

A. Grossnickle, Jeffrey, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1405 North College Avenue
 City Bloomington State IN Zip Code 47404-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437294723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Sullivan, T.J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Front St SE Suite 100
 City Salem State OR Zip Code 97301-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huggins Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437310523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Bell, Marie, D., FLMI,AIAA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437323323939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stiffler, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Riverview Dr
 Suite 100
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437326123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Duvernay, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 714 Millikens Bend
 City Covington State LA Zip Code 70433-4581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefitsone Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437344523939
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

C. Bajkowski, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437361123939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Block, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Specialties, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437364423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Paulus, Raquel, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1368 Business Park Drive
 City Traverse City State MI Zip Code 49686-8640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peterson McGregor & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437367923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

c. Thomas, Jeffery, C., CLU,RHU,RE,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3072 Arborwood Blvd.
 City Spring Arbor State MI Zip Code 49283-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : PR437385423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 186
	<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)
Health Underwriters Political Action Committee

A. Cutting, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4356 Bonney Road
 Suite 2-101
 City Virginia Beach State VA Zip Code 23452-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437388323939
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

B. Jensen, Cerrina, , CHRS, CBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 Venture Oaks Way #240
 City Sacramento State CA Zip Code 95833-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verus Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437391223939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Bogard, Andrea, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 38
 City Jeffersonville State IN Zip Code 47131-0038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A. Bogard Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437400023939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	92.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 186
	<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)
Health Underwriters Political Action Committee

A. Cramer, Valerie, Lynn, RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Burgen Ct. NE

City Grand Rapids	State MI	Zip Code 49525-3979
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HealthBridge	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437416423939

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Gandy, Hollie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2920 Duniven Circle, #2

City Amarillo	State TX	Zip Code 79109-1650
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Senior Solutions Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437425023939

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. Clark, Robert, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7548 Preston Road

City Frisco	State TX	Zip Code 75034-5683
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR437427223939

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Mutter, Amy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Road
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437454923939
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Creasy, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 220
 City Heber Springs State AR Zip Code 72543-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437474923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Fiala, Colby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fillmore St Ste 100
 City Twin Falls State ID Zip Code 83301-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magic Valley Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437475123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 123.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 186
<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)
Health Underwriters Political Action Committee

A. Pennington, Carol, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 Woodbridge Drive
 City Kernersville State NC Zip Code 27284-8850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pennington Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 23 / 2020**
Transaction ID : PR437485423939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Miller, Dawn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 847
 City McMinnville State OR Zip Code 97128-0847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hagan Hamilton Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 23 / 2020**
Transaction ID : PR437488823939
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

c. Stedt, Margaret, Evelyn, C.S.A., LP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Calle Amigo
 City San Clemente State CA Zip Code 92673-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2020**
Transaction ID : PR437529923939
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Swanson, Cynthia, , SGS, BAM,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22240 Deval Ln
 City Frankston State TX Zip Code 75763-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hibbs Hallmark & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437544923939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Giardina, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437562823939
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Contorno, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Langtree Village Dr Suite 301
 City Mooresville State NC Zip Code 28117-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E Powered Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437566623939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Mobley, Dennis, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Drive
 Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437587523939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Waller, Doris, , LPRT Soari,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1778 N. Plano Rd.
 Suite 310
 City Richardson State TX Zip Code 75081-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan-American Benefits Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437591523939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437594123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 186
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Swinton, Ryan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 Lincoln Mall
 Suite 200
 City Lincoln State NE Zip Code 68508-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNICO Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437594923939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Starks, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Highland Colony Parkway
 Suite 202
 City Ridgeland State MS Zip Code 39157-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437603123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Williams, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 Woodway Dr.
 City Monroe State LA Zip Code 71201-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Planning Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437605723939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. LaRocco, Andrew, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5880 Live Oak Parkway, # 230
 City Norcross State GA Zip Code 30093-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The LaRocco Companies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437640923939
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Monthly)

B. Siciliano, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Cascade Road SE Suite 106
 City Grand Rapids State MI Zip Code 49546-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Profiles, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437669523939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437683123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Atkinson, Lynn, , HIA,MBA,SC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Cattle Lane

City Roanoke	State VA	Zip Code 24018-6104
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Broker
-----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR437687323939

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Granado, Arthur, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 Peoples, # 505

City Corpus Christi	State TX	Zip Code 78401-2350
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Granado Group	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR437693223939

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

C. Webb, Yolanda, Marie, CHRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6117 Clover Ct.

City Chino	State CA	Zip Code 91710-5337
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Webb Insurance Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR437705623939

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Kirsch, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 Grenoble Drive
 City Bellevue State NE Zip Code 68123-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Silver Stone Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437731123939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Berry, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437737423939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Conto, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 King Farm Blvd Ste 210
 City Rockville State MD Zip Code 20850-6563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Benefit Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437740823939
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 186
	<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)
Health Underwriters Political Action Committee

A. Williams, Leslie, A., CHR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 Hilltop Drive
Suite 5

City Redding State CA Zip Code 96002-0515

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437742923939

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

B. Edwards, Susan, Christensen, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 S. Roop St.

City Susanville State CA Zip Code 96130-4336

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437755523939

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Johnson, John, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8414 N. Wall Street
Ste C

City Spokane State WA Zip Code 99208-6161

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IFS Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437775823939

Amount of Each Receipt this Period 63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR43778623939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Heider, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fillmore St, Suite 100
 City Twin Falls State ID Zip Code 83301-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magic Valley Ins. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR43779223939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Schell, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 South Third Street Suite 300
 City Louisville State KY Zip Code 40202-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Thompson Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437797623939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Purcilly, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3155 W Big Beaver Rd
 Ste 125
 City Troy State MI Zip Code 48084-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason-McBride, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437814923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Daricek, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8220 N 23rd Ave. Bldg2
 City Phoenix State AZ Zip Code 85021-4872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437834923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Hediger, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One N Dale Mabry Hwy Ste 1008
 City Tampa State FL Zip Code 33609-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437852423939
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 186
	<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)
Health Underwriters Political Action Committee

A. Little, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 2nd Street #A-269
 City Brentwood State CA Zip Code 94513-2292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437855623939
 Amount of Each Receipt this Period 38.00
 Memo Item
 P/R Deduction (\$38.00 Monthly)

B. James, Leslie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6368 Pearl Rd
 City Cleveland State OH Zip Code 44130-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Strategy, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437860023939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Emidy, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2021
 City Ridgeland State MS Zip Code 39158-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR437878323939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	98.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. McDonald, Jesse, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 River St #7
 City Milford State CT Zip Code 06460-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Modern Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR437887923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Blanchard, Brian, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th Ste 2900
 City Minneapolis State MN Zip Code 55402-4609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Financial Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR438000023939
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

C. Atencio, Linda, K., LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 87021
 City Phoenix State AZ Zip Code 85080-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda Atencio Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR439256923939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 186
<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)
Health Underwriters Political Action Committee

A. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **390.00**
 Date of Receipt **11 / 23 / 2020**
Transaction ID : PR470069123939
 Amount of Each Receipt this Period **12.00**
 Memo Item
 P/R Deduction (\$12.00 Monthly)

B. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Doyle Road
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **850.00**
 Date of Receipt **11 / 23 / 2020**
Transaction ID : PR470100123939
 Amount of Each Receipt this Period **85.00**
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Riley, Amanda, Danielle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24830 SE 278th St
 City Maple Valley State WA Zip Code 98038-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **500.00**
 Date of Receipt **11 / 23 / 2020**
Transaction ID : PR476686823939
 Amount of Each Receipt this Period **30.00**
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **127.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 186
	<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)
Health Underwriters Political Action Committee

A. Stevens, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR496323823939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Wayt, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 747 Winslow Ave
 City Saint Paul State MN Zip Code 55107-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR528187223939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Parker, Frederick, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12303 Hwy 707 Suite B
 City Murrells Inlet State SC Zip Code 29576-9740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2020
Transaction ID : PR742659123939
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2888 Shadowlake Dr
 City Oklahoma City State OK Zip Code 73159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR840269923939
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Morgan, Christian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 W Commercial Blvd Ste 306
 City Fort Lauderdale State FL Zip Code 33309-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : PR891081423939
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	36204.17

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

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

FOR LINE NUMBER: PAGE 179 OF 186
(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

A. Lummis For Wyoming Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Durbin St
 Ste 300
 City Casper State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C** C00443580
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 15275153
 Amount of Each Receipt this Period
 4000.00
 Memo Item
 Refund from extra donation

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Merchant Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 23 / 2020

FEC Identification Number

Transaction ID : 15287924
Amount of Each Disbursement this Period

Merchant Services

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 23 / 2020

FEC Identification Number

Transaction ID : 15287925
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 23 / 2020

FEC Identification Number

Transaction ID : 15287926
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1399.29"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1399.29"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pallone For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Congressman's Annual Birthday Party

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
State: NJ District: 06

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: C C00226928
Transaction ID : 15271617
Amount of Each Disbursement this Period: 1500.00
Congressman's Annual Birthday Party

Memo Item

B. Scott Peters For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement
Zoom Meeting

Candidate Name
Peters, Scott, , Rep.,

Office Sought: House Senate President
State: CA District: 52

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: C C00503110
Transaction ID : 15271618
Amount of Each Disbursement this Period: 1000.00
Zoom Meeting

Memo Item

C. IMPACT

Full Name (Last, First, Middle Initial)
Mailing Address 660 Pennsylvania Ave, SE Suite 201

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: C
Transaction ID : 15271619
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Garbarino for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 101

City Bayport State NY Zip Code 11705

Purpose of Disbursement 011 Category/Type

Candidate Name **Garbarino, Andrew, R, ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 02

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: **C00729954**
Transaction ID : 15271620
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Nevadans For Steven Horsford

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement 011 Category/Type

Candidate Name **Horsford, Steven, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NV District: 04

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: **C00668228**
Transaction ID : 15271638
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Scott Franklin For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2811

City Lakeland State FL Zip Code 33806

Purpose of Disbursement 011 Category/Type

Candidate Name **Franklin, Scott, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 15

Date of Disbursement: 10 / 20 / 2020

FEC Identification Number: **C00742247**
Transaction ID : 15271640
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial) A. Mann For Congress		Date of Disbursement MM / DD / YYYY 10 / 20 / 2020
Mailing Address PO Box 1084		FEC Identification Number C00460659 Transaction ID : 15271641
City Salina	State KS	Zip Code 67402
Purpose of Disbursement		011 Category/ Type
Candidate Name Mann, Tracey, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS	District: 01	

Full Name (Last, First, Middle Initial) B. Team Graham Inc		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address PO Box 1801		FEC Identification Number C00458828 Transaction ID : 15274099
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement		011 Category/ Type
Candidate Name Graham, Lindsey, , Sen.,		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District:	

Full Name (Last, First, Middle Initial) C. Thom Tillis Committee		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address PO Box 97396		FEC Identification Number C00545772 Transaction ID : 15274100
City Raleigh	State NC	Zip Code 27624
Purpose of Disbursement		011 Category/ Type
Candidate Name Tillis, Thom, , ,		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District:	

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Buck For Colorado

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 338018

City Greeley State CO Zip Code 80633

Purpose of Disbursement
Candidate Name **Buck, Ken, , Rep.,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CO District: 04

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number: C00461368
Transaction ID : 15275148
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Yarmuth For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1815 Brownsboro Road, Suite 101

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Candidate Name **Yarmuth, John, A., Rep.,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: KY District: 03

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C00419630
Transaction ID : 15276829
Amount of Each Disbursement this Period: - 3000.00
Void - Yarmuth For Congress

Category/Type: 011

Memo Item

C. Yarmuth For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1815 Brownsboro Road, Suite 101

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Candidate Name **Yarmuth, John, A., Rep.,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: KY District: 03

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C00419630
Transaction ID : 15276830
Amount of Each Disbursement this Period: 3000.00
Check Re Print

Category/Type: 011

Memo Item

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

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

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Fortenberry, Jeff, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NE District: 01

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2020

FEC Identification Number

C00395467

Transaction ID : 15276832

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGIANS FOR KELLY LOEFFLER

Mailing Address PO BOX 20036

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

011
Category/
Type

Candidate Name
GEORGIANS FOR KELLY LOEFFLER

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) 2020 RUNOFF
State: GA District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2020

FEC Identification Number

C00729608

Transaction ID : 15282056

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR KELLY LOEFFLER

Mailing Address PO BOX 20036

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

011
Category/
Type

Candidate Name
GEORGIANS FOR KELLY LOEFFLER

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) 2020 RUNOFF
State: GA District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2020

FEC Identification Number

C00729608

Transaction ID : 15282057

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Perdue For Senate

Mailing Address PO Box 12077

City Atlanta State GA Zip Code 30355

Purpose of Disbursement

Category/Type

Candidate Name
Perdue, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼
2020 RUNOFF

State: GA District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15282058

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Perdue For Senate

Mailing Address PO Box 12077

City Atlanta State GA Zip Code 30355

Purpose of Disbursement

Category/Type

Candidate Name
Perdue, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼
2020 RUNOFF

State: GA District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15282059

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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