

# 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. **12FE4M5**  
Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave  
Suite 1100  
Washington DC 20005  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00283135 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [08] / [01] / [2020] through [08] / [31] / [2020]

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

Signature of Treasurer *Murphy, Jennifer, , ,* [Electronically Filed] Date [09] / [11] / [2020]

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)

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.....	334791.18	
(c) Total Receipts (from Line 19) .....	36923.17	383238.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	371714.35	764653.79
7. Total Disbursements (from Line 31).....	30887.39	423826.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	340826.96	340826.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 08 / 01 / 2020 To: 08 / 31 / 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).....	29096.17	216405.16
(ii) Unitemized .....	7827.00	159833.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36923.17	376238.33
(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) .....	36923.17	376238.33
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.....	0.00	7000.00
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)).....▶	36923.17	383238.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36923.17	383238.33

**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 .....	1198.39	10575.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1198.39	10575.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	411900.00
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 .....	189.00	1351.00
(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)).....	189.00	1351.00
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)) ..	30887.39	423826.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30887.39	423826.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36923.17	376238.33
34. Total Contribution Refunds (from Line 28(d)) .....	189.00	1351.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36734.17	374887.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1198.39	10575.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1198.39	10575.83

**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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657944**  
 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 ▼ 390.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657945**  
 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 ▼ 336.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657947**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657948**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Kennedy-Simington, Dierdre, , CHRS, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 336.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657953**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 210.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : 14657954**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 02 / 2020  
**Transaction ID : 14657968**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 800.00

Date of Receipt 08 / 02 / 2020  
**Transaction ID : 14657973**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 1450.00

Date of Receipt 08 / 02 / 2020  
**Transaction ID : 14657974**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 157
	<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. Harder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2241 E Skelly Drive  
 Suite 107  
 City Tulsa State OK Zip Code 74105-5941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spirit Financial Concepts, Inc Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2020  
**Transaction ID : 14657975**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2020  
**Transaction ID : 14657977**  
 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 ▼ 755.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657987**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. Perea, Carmen, Alicia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Bush Street  
 City Woodland State CA Zip Code 95695-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WSR Insurance Services, Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657988**  
 Amount of Each Receipt this Period 12.00  
 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 ▼ 680.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657989**  
 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 ▼ 280.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657991**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657992**  
 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 ▼ 360.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657993**  
 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 ▼ 680.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : 14657994**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> 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 157
	<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 ▼ 504.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14658838**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. 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 ▼ 855.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14658842**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Kiley, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One West First Ave Ste 305  
 City Conshohocken State PA Zip Code 19428-6801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Megro Corporation Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14658864**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	493.00
<b>TOTAL</b> 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 157
	<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 ▼ 1105.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14659505**  
 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 P. O. 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 ▼ 336.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14659507**  
 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 ▼ 400.00

Date of Receipt 08 / 04 / 2020  
**Transaction ID : 14659509**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.00
<b>TOTAL</b> 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 157
	<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. Christenson, Shawnee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9220 Bass Lake Rd  
Suite 225

City New Hope State MN Zip Code 55428-4052

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

Name of Employer (for Individual) Crosstown Insurance Occupation (for Individual) Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2020

**Transaction ID : 14659535**

Amount of Each Receipt this Period  
 150.00

Memo Item

**B. 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 ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2020

**Transaction ID : 14659549**

Amount of Each Receipt this Period  
 85.00

Memo Item

**C. 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 ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2020

**Transaction ID : 14659551**

Amount of Each Receipt this Period  
 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 510.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659553**  
 Amount of Each Receipt this Period 85.00  
 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 ▼ 210.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659555**  
 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 ▼ 252.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659556**  
 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 16 OF 157
	<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. 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 ▼ 800.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659557**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 600.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659561**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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) Occupation (for Individual)  
 Lakeshore Employee Benefits Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659563**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659564**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 222.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659569**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Mulvey, Delbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 W Towne Ridge Pkwy Tower 2, Suite 400  
 City Sandy State UT Zip Code 84070-5523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hub International Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : 14659603**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 400.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660279**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. 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) Avenir Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660282**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 2000.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660283**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	342.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660284**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660285**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 1360.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 14660286**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
336.00

Date of Receipt  
08 / 06 / 2020  
**Transaction ID : 14660287**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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 ▼  
336.00

Date of Receipt  
08 / 06 / 2020  
**Transaction ID : 14660288**

Amount of Each Receipt this Period  
42.00

Memo Item

**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 ▼  
1600.00

Date of Receipt  
08 / 07 / 2020  
**Transaction ID : 14660529**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : 14660531**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Chubet, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 386 Main St.  
 City Middletown State CT Zip Code 06457-3360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NFP Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : 14660532**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 336.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : 14660534**  
 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 22 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : 14660535**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : 14660537**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 1000.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : 14660558**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> 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 157
	<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. Balla, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 371 Steeplechase Drive  
 City Cranberry Twp State PA Zip Code 16066-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alera Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2020  
**Transaction ID : 14660559**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2020  
**Transaction ID : 14660560**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2020  
**Transaction ID : 14660561**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> 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 157
	<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. Casinelli, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 B St # 1800

City San Diego	State CA	Zip Code 92101-8005
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cavignac & Associates	Occupation (for Individual) Principal
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : 14660562**

Amount of Each Receipt this Period  
63.00

Memo Item

**B. Matsushita, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25B 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) Senior Account Executive
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : 14660563**

Amount of Each Receipt this Period  
50.00

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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : 14660564**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> 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 157
	<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 ▼ 755.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : 14660566**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 400.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660590**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 220.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660592**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 157
	<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. 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 ▼  
1190.00

Date of Receipt  
08 / 09 / 2020  
**Transaction ID : 14660594**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. 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 ▼  
2000.00

Date of Receipt  
08 / 09 / 2020  
**Transaction ID : 14660596**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. 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 ▼  
336.00

Date of Receipt  
08 / 09 / 2020  
**Transaction ID : 14660598**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	462.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 290.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660600**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660601**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 680.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660602**  
 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 28 OF 157
	<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. Buffington, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 South 13th  
 City Lincoln State NE Zip Code 68502-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660603**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660604**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 1333.36

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660606**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.67
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660607**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660608**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : 14660609**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
836.00

Date of Receipt  
08 / 09 / 2020  
**Transaction ID : 14660610**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Oleksiak, Edward, M., ESQ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12712 Park Central Drive  
Suite 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
08 / 10 / 2020  
**Transaction ID : 14660624**

Amount of Each Receipt this Period  
2000.00

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 ▼  
504.00

Date of Receipt  
08 / 11 / 2020  
**Transaction ID : 14661167**

Amount of Each Receipt this Period  
63.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2105.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 294.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661287**  
 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 ▼ 336.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661288**  
 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 ▼ 680.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661289**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Monthly Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 14661291**

Amount of Each Receipt this Period  

30.00
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 Memo Item

**B. Oliva, Martin, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 33rd Avenue SW

City Cedar Rapids	State IA	Zip Code 52404-4646
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Group Benefits Ltd.	Occupation (for Individual) Benefit Specialist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 14661292**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**C. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 14661295**

Amount of Each Receipt this Period  

30.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661296**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661301**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hild, Donald, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2640 Willard Dairy Rd.  
 City HIGH POINT State NC Zip Code 27265-8708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661305**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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) The Senior Health Advisor Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661307**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. O'Connell, Daniel, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5080 Spectrum Dr Suite 1200E  
 City Addison State TX Zip Code 75001-4625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Next Level Insurance Agency Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661309**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 680.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661310**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661314**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661317**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 336.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661318**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> 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 157
	<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. Olson, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St Omaha  
 City Elkhorn State NE Zip Code 68022-3473  
 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 ▼ 324.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661319**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661320**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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) RHD Financial Occupation (for Individual) Financial Professional  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661323**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
	<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. 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) RISQ Consulting	Occupation (for Individual) Sr. Acct Mgr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2020

**Transaction ID : 14661324**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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) NCMIC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2020

**Transaction ID : 14661325**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. 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 ▼  
680.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2020

**Transaction ID : 14661327**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<b>TOTAL</b> 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 157
	<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. Hagen, David, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1045 Wykoff Way  
 City Laguna Beach State CA Zip Code 92651-3036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hagen Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661328**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661329**  
 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 ▼ 240.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 14661332**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661790**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661791**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Evans, Joseph, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8450 Hickman Road Suite 2  
 City Des Moines State IA Zip Code 50325-4308  
 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 ▼ 336.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661792**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661794**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Embry, Michael, A., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Road  
 Suite 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 ▼ 3905.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661800**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

**C. 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 ▼ 210.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661801**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661802**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661803**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 410.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661804**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 290.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661806**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 336.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661807**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 680.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661808**  
 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 43 OF 157
	<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. 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 ▼ 480.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : 14661809**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 700.00

Date of Receipt 08 / 14 / 2020  
**Transaction ID : 14662209**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 14 / 2020  
**Transaction ID : 14662220**  
 Amount of Each Receipt this Period 30.00  
 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 44 OF 157
	<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

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. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2020  
**Transaction ID : 14662221**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2020  
**Transaction ID : 14662222**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Wakamoto-Lee, Sue, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6386 Sussex Ct  
 City Dublin State CA Zip Code 94568-7443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Producer/ Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2020  
**Transaction ID : 14662223**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 800.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : 14667178**  
 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 ▼ 636.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : 14667184**  
 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 10011 Glen Canyon Dr  
 City Dallas State TX Zip Code 75243-4609  
 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 ▼ 240.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : 14667186**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : 14667187**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : 14667188**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 240.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667201**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

90.00

**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 157
	<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 ▼ 336.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667202**  
 Amount of Each Receipt this Period 42.00  
 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 ▼ 336.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667204**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667207**  
 Amount of Each Receipt this Period 30.00  
 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 48 OF 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667210**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667213**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 280.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : 14667215**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 850.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. 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 ▼ 425.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711063**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 336.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711065**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.00
<b>TOTAL</b> 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 157
	<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 ▼ 240.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711066**  
 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 ▼ 680.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711067**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Wolfe, Rosanne, , RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 17236  
 City Tucson State AZ Zip Code 85731-7236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711069**  
 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 51 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : 14711072**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 400.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : 14711969**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Buechler, Anthony, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 Colonial Circle  
 City Papillion State NE Zip Code 68046-6109  
 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 ▼ 240.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : 14711970**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 157
	<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 ▼ 240.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : 14711976**  
 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 ▼ 785.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : 14711977**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. 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 ▼ 242.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : 14712533**  
 Amount of Each Receipt this Period 12.00  
 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 53 OF 157
<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. 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 ▼ 380.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : 14712534**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 240.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : 14712536**  
 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 ▼ 340.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : 14712537**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 504.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : 14712541**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 20 / 2020  
**Transaction ID : 14712652**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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) RISQ Consulting Occupation (for Individual) Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 20 / 2020  
**Transaction ID : 14712654**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.00
<b>TOTAL</b> 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 55 OF 157
	(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"/> 15
	<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. 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) HUB International	Occupation (for Individual) Group Division Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

**Transaction ID : 14712656**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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) Northwest General	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

**Transaction ID : 14712659**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Owen, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1978 SW Heronwood Road

City Palm City	State FL	Zip Code 34990-2547
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United American Insurance Company	Occupation (for Individual)
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

**Transaction ID : 14713210**

Amount of Each Receipt this Period  
365.00

Memo Item

Membership Form

<b>SUBTOTAL</b> of Receipts This Page (optional).....	437.00
<b>TOTAL</b> 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 157
<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 ▼ 240.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713302**  
 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 ▼ 336.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713304**  
 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 ▼ 755.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713305**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. McDermott, H., Luke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Company & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713307**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713311**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**c. Campbell, Morgan, Shipes, CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2233 Lee Road # 204  
 City Winter Park State FL Zip Code 32789-1845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : 14713316**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**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 58 OF 157  
(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. 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 ▼ 425.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : 14713770**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Leavitt, Scott, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6223 N Discovery Way  
 Ste 200  
 City Boise State ID Zip Code 83713-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott Leavitt Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : 14713772**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 1360.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : 14713773**  
 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 59 OF 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : 14713774**  
 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 ▼ 240.00

Date of Receipt 08 / 22 / 2020  
**Transaction ID : 14713775**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713823**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713824**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 336.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713825**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713826**  
 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 61 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713829**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713830**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 975.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713833**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> 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 157
	<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, 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 ▼ 675.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713834**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. 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 ▼ 390.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713837**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713841**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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 157
	<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. 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) Al Torstrick Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713844**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713845**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 336.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713846**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 336.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713847**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Tellesbo-Kemmel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154-1003  
 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 ▼ 1360.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713848**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 W. Magistrate Loop  
 City Hayden State ID Zip Code 83835-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : 14713851**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	312.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2020

**Transaction ID : 14713854**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. 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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : 14713932**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : 14713933**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 66 OF 157
	<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. 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 ▼  
2615.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : 14713936**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. 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 ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : 14713939**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. 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 ▼  
670.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : 14713940**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> 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 67 OF 157  
(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. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713943**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 336.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713945**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713946**  
 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 68 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713947**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713949**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713950**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
<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. Barrera, Roland, 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 ▼ 680.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : 14713951**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Patterson, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Continental Drive  
 Suite 305  
 City Newark State DE Zip Code 19713-4336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714489**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 680.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714493**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2020

**Transaction ID : 14714495**

Amount of Each Receipt this Period  
30.00

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2020

**Transaction ID : 14714504**

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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2020

**Transaction ID : 14714505**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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 ▼ 336.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714507**  
 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 ▼ 240.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714508**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714510**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
	<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. Olson, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St Omaha  
 City Elkhorn State NE Zip Code 68022-3473  
 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 ▼ 374.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714522**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Herkey, Peter, G., RHU, LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4216  
 City Sunland State CA Zip Code 91041-4216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PGH Insurance Marketing Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : 14714569**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 ▼ 510.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714632**  
 Amount of Each Receipt this Period 85.00  
 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 73 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714633**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714634**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 890.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714639**  
 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 74 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714641**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 336.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714642**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 848 W. Eastman St.  
 STE 104  
 City Chicago State IL Zip Code 60642-2635  
 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 ▼ 755.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714644**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714647**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714650**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Riedl, Alycia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7713 Edgebrook Dr  
 City Minneapolis State MN Zip Code 55426-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714653**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**(Wooden) Lovincey, Rebecca, L., ,**

Mailing Address **201 NE Park Plaza Dr #293**

City <b>Vancouver</b>	State <b>WA</b>	Zip Code <b>98684-5881</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>AIMEA Insurance, Inc.</b>	Occupation (for Individual) <b>Agent</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**240.00**

Date of Receipt  
**08 / 26 / 2020**

**Transaction ID : 14714654**

Amount of Each Receipt this Period  
**30.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Rivera, Michael, A., ,**

Mailing Address **13201 N.W. Fwy. Suite 265**

City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77040-6165</b>
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Northwest General Insurance</b>	Occupation (for Individual) <b>Broker</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**680.00**

Date of Receipt  
**08 / 26 / 2020**

**Transaction ID : 14714658**

Amount of Each Receipt this Period  
**85.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Tretter, Robert, C., CLU, ChFC.,,**

Mailing Address **6222 Spring Lake Drive**

City <b>Hamilton</b>	State <b>OH</b>	Zip Code <b>45011-8189</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>National Association of Health Underwr</b>	Occupation (for Individual) <b>Broker</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**336.00**

Date of Receipt  
**08 / 26 / 2020**

**Transaction ID : 14714659**

Amount of Each Receipt this Period  
**42.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>157.00</b>
<b>TOTAL</b> 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 157
	<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. 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) Occupation (for Individual)  
 Advanced Benefit Consulting & Insuranc Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 755.00

Date of Receipt  
 08 / 26 / 2020  
**Transaction ID : 14714661**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. 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) Occupation (for Individual)  
 Benefitcare.com Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 08 / 26 / 2020  
**Transaction ID : 14714662**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Stocks, Deborah, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11551 Nuckols Rd Ste N  
 City Glen Allen State VA Zip Code 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 ▼  
 204.00

Date of Receipt  
 08 / 26 / 2020  
**Transaction ID : 14714663**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> 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 157
<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. Fomalont, Eva, Jean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 Juan Tabo NE, Ste A  
 City Albuquerque State NM Zip Code 87112-3309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Benefit Source Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 14714704**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 PayPal

**B. 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) Occupation (for Individual)  
 James W. Goodacre II Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714719**  
 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 Peoria State IL Zip Code 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 ▼ 336.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714720**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	372.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 540.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714722**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Starr, Gwyn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27777 Franklin Rd, Ste 1300  
 City Southfield State MI Zip Code 48034-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714723**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 680.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714726**  
 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 80 OF 157
	<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. 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 ▼ 755.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714733**

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 ▼ 240.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714735**

Amount of Each Receipt this Period 30.00

Memo Item

**C. 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 ▼ 376.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714736**

Amount of Each Receipt this Period 47.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.00

**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 157
	<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. 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 ▼  
680.00

Date of Receipt  
08 / 27 / 2020  
**Transaction ID : 14714737**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. 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
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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 ▼  
240.00

Date of Receipt  
08 / 27 / 2020  
**Transaction ID : 14714738**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. 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 ▼  
240.00

Date of Receipt  
08 / 27 / 2020  
**Transaction ID : 14714739**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. Jennings, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Hathaway Pond Cir  
 City Rochester State MA Zip Code 02770-4135  
 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 ▼ 680.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714740**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Johnson, Suzy, 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 ▼ 680.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714743**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**c. 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 ▼ 1755.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714745**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 730.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714747**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714748**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Matznick, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 78175  
 City Greensboro State NC Zip Code 27427-8175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Triune Technologies, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : 14714750**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. 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 ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714824**  
 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 ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714826**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kennedy, Tamara, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7310 N. 16th Street, Suite 226  
 City Phoenix State AZ Zip Code 85020-8212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714828**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 436.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714829**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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) RISQ Consulting Occupation (for Individual) Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714830**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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) The Blackford Group Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714832**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> 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 157
	<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. 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) Benezon LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
755.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2020  
**Transaction ID : 14714834**

Amount of Each Receipt this Period  
 85.00

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 ▼  
536.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2020  
**Transaction ID : 14714837**

Amount of Each Receipt this Period  
 42.00

Memo Item

**C. 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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2020  
**Transaction ID : 14714838**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714839**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714840**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714841**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 2000.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714842**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 ▼ 504.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714844**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Wren, 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 ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714849**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	343.00
<b>TOTAL</b> 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 89 OF 157
<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. Hazelbaker, Jay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5007 Pine Creek Drive

City Westerville	State OH	Zip Code 43081-4849
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 28 / 2020

**Transaction ID : 14714850**

Amount of Each Receipt this Period  
42.00

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 ▼  
680.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 28 / 2020

**Transaction ID : 14714852**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. 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 ▼  
240.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 28 / 2020

**Transaction ID : 14714855**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 204.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714857**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 240.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714859**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 504.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714860**  
 Amount of Each Receipt this Period 63.00  
 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 91 OF 157
	<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. 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 ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714861**

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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714862**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Kapostins, Ashley, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Primera Blvd, Suite 264

City Lake Mary	State FL	Zip Code 32746-2148
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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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714864**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> 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 157
	<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, 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714866**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**B. 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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714867**

Amount of Each Receipt this Period  

85.00
-------

 Memo Item

**C. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : 14714868**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 336.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714869**

Amount of Each Receipt this Period 42.00

Memo Item

**B. 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 ▼ 680.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714870**

Amount of Each Receipt this Period 85.00

Memo Item

**C. 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 ▼ 680.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714871**

Amount of Each Receipt this Period 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 1360.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714872**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Sklar, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Walton Blvd  
 City Rochester Hills State MI Zip Code 48309-1775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Crawford Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714873**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. 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 ▼ 255.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714876**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 336.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14714882**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Buyalos, Joseph, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9713 Key West Avenue, Suite 401  
 City Rockville State MD Zip Code 20850-4082  
 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 ▼ 1000.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : 14715208**  
 Amount of Each Receipt this Period 1000.00  
 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : 14715459**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1127.00
<b>TOTAL</b> 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 157
	<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. Booth, Neil, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23901 Calabasas Road, Suite 2014  
 City Calabasas State CA Zip Code 91302-3307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Marketing Administrators INC Occupation (for Individual) Broker & CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt **08 / 30 / 2020**  
**Transaction ID : 14719859**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$189.00 This changes the YTD Total to \$252.00

**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 ▼ 827.00

Date of Receipt **08 / 31 / 2020**  
**Transaction ID : PR433061223272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 875.00

Date of Receipt **08 / 31 / 2020**  
**Transaction ID : PR433076123272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<b>TOTAL</b> 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 157
	<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. 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) TASC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433095023272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433129323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 830.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433168123272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR433180623272**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR433187723272**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. 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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR433196823272**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
<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. 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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR433197423272**

Amount of Each Receipt this Period  
 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. 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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR433206823272**

Amount of Each Receipt this Period  
 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. 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 ▼  
594.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR433214323272**

Amount of Each Receipt this Period  
 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
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	<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. Gerken, Barbara, Ann, ,**  
 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433268323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433298723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433302723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433308323272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 1010.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433316623272**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$130.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433316723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433463223272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 800.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433468623272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433504423272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433548023272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433572623272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433692823272**  
 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 104 OF 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433694523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR433791823272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 244.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436789423272**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.50
<b>TOTAL</b> 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 157
	<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. 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 ▼ 1360.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436821423272**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436824523272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 755.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436829723272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<b>TOTAL</b> 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 157
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Ashmore, Elizabeth, , CBC, SGS,,**

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 ▼  
1360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436830323272**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Grundman, Robert, A., ,**

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436838923272**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Wright, Keith, L., ChHC,CLU,R,**

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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436848523272**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436853323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436856923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436861823272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
	<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, 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436869323272**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

**B. 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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436873523272**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**C. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR436875623272**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436883323272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 210.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436891523272**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Monthly)

**C. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436895323272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436901523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436903723272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 800.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436911023272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	172.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436917223272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 248.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436923423272**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**C. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436934823272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436939923272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 730.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436941623272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436950023272**  
 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 113 OF 157
	<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. 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 ▼ 1504.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436961723272**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436963523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 800.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436986823272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	193.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436992823272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 425.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR436993023272**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

**C. 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 ▼ 290.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437002323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**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 115 OF 157
	<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. 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 ▼ 420.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437004023272**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**B. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437010523272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. 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 ▼ 800.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437016723272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437017123272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 248.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437026323272**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437031523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437039423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437043323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 270.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437057723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 520.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437070223272**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

**B. 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 ▼ 997.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437076123272**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**C. Smith, Kevin, W., CLU, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 RiverEdge Parkway Suite 1010  
 City Sandy Springs State GA Zip Code 30328-4657  
 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437077223272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR437079023272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR437090123272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR437104923272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437110723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437113223272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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) McEvelly Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437117723272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 1360.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437118023272**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. Benton, Bruce, D., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17200 Ventura Blvd  
 Suite 312  
 City Encino State CA Zip Code 91316-5018  
 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437123023272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437128023272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437137823272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437154823272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 2000.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437182323272**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437183423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437184623272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**c. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437196423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437196723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437203323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437204423272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR43721223272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 1771.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437218323272**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$112.00 Monthly)

**C. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437219623272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 234.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437221423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437229123272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 376.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437231223272**  
 Amount of Each Receipt this Period 47.00  
 Memo Item  
 P/R Deduction (\$47.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 1360.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437236923272**

Amount of Each Receipt this Period 170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437254123272**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437256123272**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437258323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437264323272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437264923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> 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 157
	<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. 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) HSA Bank Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437268323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437270523272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437274723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 1000.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437281023272**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437294723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Yarberry, Luann, S., LUTCF,CIC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 10th Street  
 City Wichita Falls State TX Zip Code 76301-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Higginbotham Ins Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437301023272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437310523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 570.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437323323272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 755.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437326123272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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. Pittman, Susan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 South 336th Street  
 Suite 305  
 City Federal Way State WA Zip Code 98003-7355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insure NW Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437343523272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437361123272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437364423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437367923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437385423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 246.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437388323272**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.00
<b>TOTAL</b> 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 157
	<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. 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) CoreMark Insurance Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437391223272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437400023272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Cramer, Valerie, Lynn, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 Broadmoor Ave SE  
 City Grand Rapids State MI Zip Code 49512-2865  
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437416423272**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437425023272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437427223272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 504.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437454923272**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437474923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437475123272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437485423272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
<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. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437529923272**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. 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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437544923272**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**C. 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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437562823272**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> 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 157
<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437566623272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437587523272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. 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 ▼ 730.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437591523272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 157
	<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. 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) CFG Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437594123272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437594923272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. 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 ▼ 805.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437603123272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**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 140 OF 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437605723272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 320.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437640923272**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437669523272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 670.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437683123272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Atkinson, Lynn, , HIA,MBA,SC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2336 Cantle 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437687323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437693223272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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. 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 ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437705623272**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**B. 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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437731123272**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**C. 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR437737423272**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437740823272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 336.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437742923272**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR43775523272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**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 144 OF 157
	<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. 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 ▼ 504.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437775823272**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437778623272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Heider, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 River Vista Place Suite #206  
 City Twin Falls State ID Zip Code 83301-3189  
 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437792223272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437797623272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 290.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437814923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 365.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437834923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 157
	<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. 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 ▼ 525.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437852423272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 304.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437855623272**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Monthly)

**C. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437860023272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.00  
**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 157
	<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. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437878323272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR437887923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 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) Arcwood Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR439256923272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 157
	<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 ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR470069123272**  
 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 ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR470100123272**  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : PR476686823272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.00
<b>TOTAL</b> 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 157
<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 ▼ 680.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR496323823272**  
 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 ▼ 570.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR528187223272**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Parker, Laura, 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 ▼ 240.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : PR742659123272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 157
	<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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR840269923272**

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 ▼  
1360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : PR891081423272**

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	29096.17

**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 Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 14718989**  
Amount of Each Disbursement this Period  
  
Merchant Services Fee

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  
PayPal Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 14718990**  
Amount of Each Disbursement this Period  
  
PayPal Fee

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  
Am Ex Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 14718991**  
Amount of Each Disbursement this Period  
  
Am Ex Fee

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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. People For Derek Kilmer**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
Virtual Event

011  
Category/  
Type

Candidate Name  
**Kilmer, Derek, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: WA District: 06

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
C C00514893  
**Transaction ID : 14661214**  
Amount of Each Disbursement this Period  
2000.00  
Virtual Event

Memo Item

**B. DREAM PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  Other (specify)  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
C C00423079  
**Transaction ID : 14661216**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

**C. Doug Jones for Senate Committee**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement  
Virtual Event

011  
Category/  
Type

Candidate Name  
**Jones, Doug, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: AL District:

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
C C00640623  
**Transaction ID : 14661217**  
Amount of Each Disbursement this Period  
1000.00  
Virtual Event

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00



**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) <b>A. Lou Correa For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2020
Mailing Address 3230 ARENA BLVD STE 245-416		FEC Identification Number C00578302 <b>Transaction ID : 14661218</b>
City SACRAMENTO	State CA	Zip Code 95834
Purpose of Disbursement Virtual Event	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Correa, J. Luis, , Rep.,</b>	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) ▼
State: CA District: 46	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Schneider For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2020
Mailing Address PO Box 1318		FEC Identification Number C00495952 <b>Transaction ID : 14661219</b>
City Deerfield	State IL	Zip Code 60015
Purpose of Disbursement Virtual Event	Category/ Type 011	Amount of Each Disbursement this Period 3000.00
Candidate Name <b>Schneider, Brad, , Rep.,</b>	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) ▼
State: IL District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Donna Shalala For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2020
Mailing Address PO Box 330602		FEC Identification Number C00672311 <b>Transaction ID : 14661221</b>
City Miami	State FL	Zip Code 33233
Purpose of Disbursement Virtual Event	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Shalala, Donna, , ,</b>	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) ▼
State: FL District: 27	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> 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. A New Direction PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1010 Vermont Ave. NW  
Suite 814

City Washington State DC Zip Code 20005

Purpose of Disbursement  011 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 11 / 2020

FEC Identification Number C  
**Transaction ID : 14661222**  
Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Jim Costa For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 2037 W Bullard Avenue  
# 355

City Fresno State CA Zip Code 93711

Purpose of Disbursement Virtual Event  011 Category/Type

Candidate Name **Costa, Jim, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 16

Date of Disbursement 08 / 11 / 2020

FEC Identification Number C C00391029  
**Transaction ID : 14661223**  
Amount of Each Disbursement this Period 3000.00  
Virtual Event

Memo Item

**C. Mccollum For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement Virtual Event  011 Category/Type

Candidate Name **McCollum, Betty, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MN District: 04

Date of Disbursement 08 / 11 / 2020

FEC Identification Number C C00354688  
**Transaction ID : 14661224**  
Amount of Each Disbursement this Period 1000.00  
Virtual Event

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. VINE PAC**

Mailing Address 700 13th St NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
  
**Transaction ID : 14661236**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 119 1st Ave S  
Ste 320

City Seattle State WA Zip Code 98104

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
  
**Transaction ID : 14661237**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement  
Virtual Event

Category/  
Type

Candidate Name  
**Gottheimer, Josh, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NJ District: 05

Date of Disbursement  
MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number  
 C00573949  
**Transaction ID : 14661238**  
Amount of Each Disbursement this Period  
  
Virtual Event

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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) <b>A. Pallone For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2020
Mailing Address PO Box 3176		FEC Identification Number C C00226928 <b>Transaction ID : 14661239</b>
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Pallone, Frank, , Rep., Jr.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NJ District: 06	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	29500.00

# 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Booth, Neil, A., ,**

Mailing Address 23901 Calabasas Road, Suite 2014

City Calabasas State CA Zip Code 91302-3307

Purpose of Disbursement  
Refund Via PayPal

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  
08 / 30 / 2020

FEC Identification Number  
  
**Transaction ID : 14719403**  
Amount of Each Disbursement this Period  
  
Refund Via PayPal

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
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  
M M / D D / Y Y Y Y Y Y

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)..... ▶