

2017 APR 24 PM 2:44

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. **12FE4MS**

Health Insurance Information

ADDRESS (number and street) **1118 Winatager Park Blvd**
Site W
Houston TX 77070

Check if different than previously reported (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000618397

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-escrow 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)

Conversion (12C) Special (12S)

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period _____ through _____

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

Type or Print Name of Treasurer **David Jackson**

Signature of Treasurer **[Signature]** Date **03 30 2017**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. 5 30103.

2017-04-24 10:00:00

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Insurance Information

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"/>	<input type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text"/>	<input type="text"/>
(c) Total Receipts (from Line 19).....	<input type="text"/>	<input type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(d) for Column B).....	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	<input type="text"/>

2017-04-24 00:11:00

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Insurance Information

Report Covering the Period: From: To:

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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)	0	0
(ii) Unitemized	0	0
(ii) TOTAL (add Lines 11(i)(i) and (ii))	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)	0	0
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0	0

2017-04-24 PM 08:11:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3).....	0	0
34. Total Contribution Refunds (from Line 28(d)).....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	0	0

2017-04-24 10:00 AM

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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 Insurance Information

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

A.

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

Amount of Each Receipt This Period

Memo Item

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

B.

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

Amount of Each Receipt This Period

Memo Item

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

C.

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

Amount of Each Receipt This Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Amount of Each Receipt This Period

Amount of Each Receipt This Period

2017-04-24 PM 00:15:04

**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 23a	<input type="checkbox"/> 23c	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Insurance Information

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General Other (specify) ▾

Category/Type

Date of Disbursement

____/____/____

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ (1)

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General Other (specify) ▾

Category/Type

Date of Disbursement

____/____/____

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ (1)

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General Other (specify) ▾

Category/Type

Date of Disbursement

____/____/____

FEC Identification Number

C _____

Amount of Each Disbursement this Period

_____ (1)

Memo Item

SUBTOTAL of Disbursements This Page (optional) _____ ▶

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

_____ (1)

_____ (1)

1-400-951-0010

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE **OF**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (in Full)
Health Insurance Information

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election:	
Mailing Address				<input type="checkbox"/> Primary	
City			State	ZIP Code	<input type="checkbox"/> General
					<input type="checkbox"/> Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

TERMS					
Date Incurred	Date Due	Interest Rate	Secured		
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		% (apr)			

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text" value=""/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text" value=""/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text" value=""/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	<input type="text" value=""/>	

SUBTOTALS This Period This Page (optional)	<input type="text" value=""/>
TOTALS This Period (last page in this line only)	<input type="text" value=""/>

Carry outstanding balance only to LINE 3, Schedule D, for this loan. If no Schedule D, carry forward to appropriate line of Summary.

2017-04-24 09:55:42

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for:
 information found on
 Page _____ of Schedule C

NAME OF COMMITTEE (In Full) Health Insurance Information			FEC IDENTIFICATION NUMBER C00018397		
LENDING INSTITUTION (LENDER) Full Name			Amount of Loan 0		Interest Rate (APR) 0
Mailing Address			Date Incurred or Established		
City	State	Zip Code	Date Due		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred		
B. If line of credit, Amount of this Draw: 0			Total Outstanding Balance: 0		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? 0	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
What is the estimated value? 0					
A depository account must be established pursuant to 11 CFR 100.82(a)(2) and 100.142(e)(2).			Location of account:		
Date account established: 0 0 0			Address:		
			City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name: David Jackson Signature: <i>[Signature]</i>				DATE 03 30 2011	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE 0 0 0	
Title					

2017-04-24 00:00:00

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

NAME OF COMMITTEE (in Full)
Health Insurance Information

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor _____ Nature of Debt (Purpose): _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Outstanding Balance Beginning This Period 0
 Amount Incurred This Period 0 Payment This Period 0 Outstanding Balance at Close of This Period 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor _____ Nature of Debt (Purpose): _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor _____ Nature of Debt (Purpose): _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Outstanding Balance Beginning This Period _____
 Amount Incurred This Period _____ Payment This Period _____ Outstanding Balance at Close of This Period _____

1) SUBTOTALS This Period This Page (optional) 0
 2) TOTALS This Period (last page this line number only) 0
 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 0
 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 0

2017-04-24 10:00:00 AM

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 01
OF 01
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Health Insurance Information	FEC IDENTIFICATION NUMBER 000618397
--------------------------------------------------------------------	-----------------------------------------------

Check if 24-hour report 48-hour report **New report** Amends report filed on [] / [] / []

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination [] / [] / []
Mailing Address	Amount []
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation [] / [] / []
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State
Calendar Year-To-Date Per Election for Office Sought []	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) []

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination [] / [] / []
Mailing Address	Amount []
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation [] / [] / []
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State
Calendar Year-To-Date Per Election for Office Sought []	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) []

(a) SUBTOTAL of Itemized Independent Expenditures	[]
(b) SUBTOTAL of Unitemized Independent Expenditures	[]
(c) TOTAL Independent Expenditures	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent

Signature [Signature] Date **05/20/2017**

20170424 10:00:00

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (in Full)
Health Insurance Information

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

2017-04-24 PM 00:14:04

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (in Full)

Health Insurance Information

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

2017-04-24 ON: BOULDER

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

NAME OF COMMITTEE (in Full)
Health Insurance Information

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/appeal method.

2017-04-24 03:00:11:048

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text" value="0"/> %	NONFEDERAL % <input type="text" value="0"/> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE _____ OF _____
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (in Full)

Health Insurance Information

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

2017-04-24 03:00:15:046

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (in Full)
Health Insurance Information

A. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm. (rel. to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm. (rel. to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm. (rel. to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: _____

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

TOTAL This Period (Incl. page for each line only) (Federal share to 21(a)(1) and NonFederal share to 21(a)(2))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

2017-04-24 00:00:00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Health Insurance Information

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) Voter ID
Total Amount Transferred for Voter ID..... **VOTER ID**

iii) GOTV
Total Amount Transferred for GOTV..... **GOTV**

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) Voter ID
Total Amount Transferred for Voter ID..... **VOTER ID**

iii) GOTV
Total Amount Transferred for GOTV..... **GOTV**

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2017-04-24 PM 00:11:01

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Health Insurance Information

A. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
City				State	Zip Code	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement				Category/Type	Allocated Activity or Event Year-To-Date		
FEDERAL SHARE				+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
City				State	Zip Code	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement				Category/Type	Allocated Activity or Event Year-To-Date		
FEDERAL SHARE				+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:		
Mailing Address					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV	
City				State	Zip Code	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement				Category/Type	Allocated Activity or Event Year-To-Date		
FEDERAL SHARE				+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page							
FEDERAL SHARE				+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only) (Federal share to 30(a)(i) and Levin share to 30(a)(ii))							
FEDERAL SHARE					LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share							

2017-04-24 10:00 AM

**SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)
Health Insurance Information

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1a and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4a and 5)		
7. BEGINNING CASH ON HAND		
(See Column B, use cash as of January 1st)		
8. RECEIPTS		
(From Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE **1** OF **2**

FOR LINE NUMBER:
 (check only one) 1a 2

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 Insurance Information

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) **6**

TOTAL This Period (last page this line number only) **6**

2017-04-24 00:14:04

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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 Insurance Information

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>			<p>Date of Disbursement</p> <p><input type="text"/> . <input type="text"/> . <input type="text"/></p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period</p> <p><input type="text"/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>			
<p>Purpose of Disbursement</p>					
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>			<p>Date of Disbursement</p> <p><input type="text"/> . <input type="text"/> . <input type="text"/></p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period</p> <p><input type="text"/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>			
<p>Purpose of Disbursement</p>					
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>			<p>Date of Disbursement</p> <p><input type="text"/> . <input type="text"/> . <input type="text"/></p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period</p> <p><input type="text"/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>			
<p>Purpose of Disbursement</p>					
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>			<p>Date of Disbursement</p> <p><input type="text"/> . <input type="text"/> . <input type="text"/></p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period</p> <p><input type="text"/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>			
<p>Purpose of Disbursement</p>					
<p>E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item</p>			<p>Date of Disbursement</p> <p><input type="text"/> . <input type="text"/> . <input type="text"/></p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period</p> <p><input type="text"/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>			
<p>Purpose of Disbursement</p>					
<p>SUBTOTAL of Disbursements This Page (optional) →</p>			<p><input type="text"/></p>		
<p>TOTAL This Period (last page this line number only) →</p>			<p><input type="text"/></p>		

2017-04-24 10:00 AM

2017 04 24 10 40 00



Retail

PRIORITY MAIL
POSTAGE REQUIRE

PRESS FIRMLY TO SEAL

P

US POSTAGE PAID

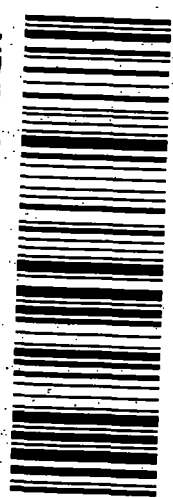
\$6.65

Origin: 92324
Destination: 20463
0 Lb 6.10 Oz
Apr 19, 17
0517180324-11 1006

PRIORITY MAIL® 2-Day

Expected Delivery Day: 04/21/2017

USPS TRACKING NUMBER



9505 5144 9686 7109 0586 33

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

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Houston TX 77070

TO: Federal Election C
999 E. Street, N
Washington, DC




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EPI4F July 2013



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 4/21/17
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

4/24/17
 DATE PREPARED

20170424 10:00 AM