

# 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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 999 E Street, NW

Check if different than previously reported. (ACC) Suite 400

Washington DC 20004

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2022 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2022

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 Murphy, Jennifer, , ,

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2022

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

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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="2022"/>		358050.66
(b) Cash on Hand at Beginning of Reporting Period.....	249633.75	
(c) Total Receipts (from Line 19) .....	51263.17	452116.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	300896.92	810167.58
7. Total Disbursements (from Line 31).....	103182.21	612452.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	197714.71	197714.71
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

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

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).....	40502.67	286058.36
(ii) Unitemized .....	8260.50	162710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48763.17	448768.36
(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) .....	48763.17	448768.36
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.....	2500.00	3348.56
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)).....▶	51263.17	452116.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	51263.17	452116.92

**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 .....	1032.21	9540.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1032.21	9540.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102000.00	602000.00
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 .....	150.00	912.00
(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)).....	150.00	912.00
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)) ..	103182.21	612452.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103182.21	612452.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	48763.17	448768.36
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	912.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48613.17	447856.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1032.21	9540.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1032.21	9540.87

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

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

FOR LINE NUMBER: PAGE 6 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Elam, Michael, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9000 Northpark Drive  
 City Johnston State IA Zip Code 50131-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836118**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kennedy-Simington, Dierdre, , CHRS, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 E. Green Street, Second Floor  
 City Pasadena State CA Zip Code 91101-2034  
 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 ▼ 473.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836119**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Bennett, Andrea, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5360 Gulf of Mexico Drive #107  
 City Longboat Key State FL Zip Code 34228-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AM Bennett & Co Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836121**  
 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 7 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Boop, Deborah, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 North Chestnut Street  
 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 Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836123**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Records, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Jenny Drive  
 City Bear State DE Zip Code 19701-2436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836124**  
 Amount of Each Receipt this Period 63.00  
 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 ▼ 310.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836128**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Jacquet, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4584 N. 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 ▼ 308.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836130**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Shaw, Wanda, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 South 10 Street  
 City Griffin State GA Zip Code 30224-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836131**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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) Nuvo Health Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836134**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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:	PAGE 9 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 1016.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836136**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Riedl, Alycia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16570 Lake Ridge Dr  
 City Maple Grove State MN Zip Code 55311-1453  
 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 ▼ 645.00

Date of Receipt 09 / 02 / 2022  
**Transaction ID : 16836148**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838163**  
 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 10 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Yurek, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13240 Evening Creek Dr S  
 Suite 305  
 City San Diego State CA Zip Code 92128-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Terri Yurek Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838165**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 765.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838168**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Murphy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3080 S Jog Rd  
 City Greenacres State FL Zip Code 33467-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838170**  
 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 11 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838171**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838172**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 381.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838173**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838175**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Dinkel, Matthew, Kim, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13700 Six Mile Cypress Pkwy  
 City Fort Myers State FL Zip Code 33912-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838176**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Perea, Carmen, Alicia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8813 Roundtable Ct  
 City Fair Oaks State CA Zip Code 95628-6430  
 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 ▼ 807.00

Date of Receipt 09 / 03 / 2022  
**Transaction ID : 16838177**  
 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: PAGE 13 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Carroll, Ryan, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Florence Ave  
 City Cincinnati State OH Zip Code 45206-2426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 16838201**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Nolimal, Frank, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5740 S. Arville, Ste 204  
 City Las Vegas State NV Zip Code 89118-3071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 16838202**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Messina, Beverly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20061 Ridgeway Ct  
 City Clinton Township State MI Zip Code 48038-2290  
 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 ▼ 270.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 16838204**  
 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 14 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 1530.00

Date of Receipt 09 / 04 / 2022  
**Transaction ID : 16838205**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Clark, Valerie, Jeanne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Hammill Ln  
 City Reno State NV Zip Code 89511-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838219**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. York, Melanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 82nd St  
 City Lubbock State TX Zip Code 79424-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838221**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sailer, Gregory, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8623 Eagle Point Blvd.  
 City Lake Elmo State MN Zip Code 55042-8628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sailer Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838223**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Carothers, Christopher, B., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3037 E Warm Springs Rd. Suite 400  
 City Las Vegas State NV Zip Code 89120-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carothers Insurance Agency, Inc. Occupation (for Individual) Agency Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838224**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Deru, Scott, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 393 W Gordon Ave Ste 1  
 City Layton State UT Zip Code 84041-2391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838226**  
 Amount of Each Receipt this Period 100.00  
 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 16 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Croft, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 706 Burks Hill Rd  
 City Bedford State VA Zip Code 24523-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Croft Insurance Services, Inc Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838227**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 1765.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838232**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 270.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838234**  
 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 17 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Wham, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Plymouth Dr  
 City Plymouth Meeting State PA Zip Code 19462-2636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838235**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838236**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 765.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838238**  
 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 18 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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) E2E Benefits Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2022  
**Transaction ID : 16838239**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carmichael, Stacy, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 SW 2nd Ave  
 City Portland State OR Zip Code 97204-3153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moda Health, Inc Occupation (for Individual) Director of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838254**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Cupo, Gary, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Fairfields Commons  
 271 Route 46 West Suite F-109  
 City Fairfield State NJ Zip Code 07004-2447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838257**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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 19 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 528.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838258**  
 Amount of Each Receipt this Period 42.00  
 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 ▼ 920.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838259**  
 Amount of Each Receipt this Period 100.00  
 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 Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838260**  
 Amount of Each Receipt this Period 170.00  
 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 20 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 234 Fifth Ave  
Ste 501

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 ▼ 378.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838261**

Amount of Each Receipt this Period 42.00

Memo Item

**B. 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 ▼ 920.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838263**

Amount of Each Receipt this Period 30.00

Memo Item

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

Mailing Address 4231 Silveroak Way

City Boise State ID Zip Code 83709-6235

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

Name of Employer (for Individual) Lang Insurance Services Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : 16838265**

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 21 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838751**  
 Amount of Each Receipt this Period 85.00  
 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 ▼ 765.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838753**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838754**  
 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 22 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 2325.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838756**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hahn, Monique, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Cahaba Park Cir  
 Ste 133  
 City Birmingham State AL Zip Code 35242-5043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SB&W LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838757**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway  
 Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell and Associates, LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838758**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Chubet, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 Main St.  
Suite B

City Farmington State CT Zip Code 06032-2975

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

Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838759**

Amount of Each Receipt this Period 30.00

Memo Item

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

Mailing Address 4862 East Baseline Rd. #101

City Mesa State AZ Zip Code 85206-4668

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

Name of Employer (for Individual) Benefit Intelligence, Inc. Occupation (for Individual) Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : 16838762**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Garcia, J., Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Jordan Street Suite 400

City Shreveport State LA Zip Code 71101-4522

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

Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Sales Manager

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839437**

Amount of Each Receipt this Period 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1055.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38168 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1695.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839441**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Tandrow, Tara, , CIC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 5815  
 City Boise State ID Zip Code 83705-0815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839442**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Redmon, Bridget, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 711 E. Lewis & Clark Parkway Suite 205  
 City Clarksville State IN Zip Code 47129-2287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) B. Redmon Insurance Partners, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839444**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Eldridge, Jaudaun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6490 S McCarran Blvd Bldg C-24  
 City Reno State NV Zip Code 89509-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eldridge Agency Llc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839446**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Galardini, Richard, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Pinewood Ln Ste 301  
 City Warrendale State PA Zip Code 15086-7617  
 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 ▼ 1125.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839450**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Washko, Carla, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7251 Engle Rd. Suite 103  
 City Middlebrg Hts State OH Zip Code 44130-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839451**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.00
<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 26 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 215 S. Kirkwood Rd  
Ste 201

City Saint Louis State MO Zip Code 63122-4359

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1765.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839452**

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 43370 Mound Road

City Sterling Heights State MI Zip Code 48314-2022

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

Name of Employer (for Individual) Benefit Review Services, Inc. Occupation (for Individual) Principal and Benefit Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : 16839650**

Amount of Each Receipt this Period 500.00

Memo Item

**c. Magnuson, Raymond, E., JD,CLU,ChF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4337 E. 5th Street

City Tucson State AZ Zip Code 85711-2025

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

Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1490.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840160**

Amount of Each Receipt this Period 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hansen, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 So 2nd St  
 City Mount Vernon State WA Zip Code 98273-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840161**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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) 1445 Jessamine LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1605.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840164**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Rider, Susan, M., MS, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 366  
 City Westfield State IN Zip Code 46074-0366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840167**  
 Amount of Each Receipt this Period 85.00  
 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 28 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 270.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840168**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Deagle, Michael, P., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 422 W. State St. Suite 150  
 City Geneva State IL Zip Code 60134-2104  
 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 ▼ 1625.03

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840169**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Rice, Lori, R., ,**  
 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) Marsh Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840170**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.67
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Mordo, David, , ACA Certif,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Kennedy Court

City Middletown	State NJ	Zip Code 07748-3532
--------------------	-------------	------------------------

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 ▼  
2398.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2022

**Transaction ID : 16840171**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 205 N 4th St

City Grand Junction	State CO	Zip Code 81501-2522
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Home Loan Insurance	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2022

**Transaction ID : 16840197**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 205 N 4th St

City Grand Junction	State CO	Zip Code 81501-2522
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Home Loan Insurance	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2022

**Transaction ID : 16840372**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Grosjean, David, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2125 Wyoming Blvd. NE  
 City Albuquerque State NM Zip Code 87112-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grosjean Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : 16840433**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lordigyan, Craig, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Jenny Jump Road  
 City Blirstown State NJ Zip Code 07825-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lordigyan Insurance Agency, LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840445**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hartley, Lawrence, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2040 Main Street Suite 450  
 City Irvine State CA Zip Code 92614-8274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Risk Strategies Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840446**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Rogers, Malia, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2966  
 City Hayden State ID Zip Code 83835-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MediGap Pros LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840447**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Goodman, Rondi, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3412 Brennan Drive  
 City Raleigh State NC Zip Code 27613-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Goodman Medicare Solutions Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840449**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Buffum, Ronald, S., SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 Rock Rose Pl  
 City Round Rock State TX Zip Code 78665-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Buffum Group LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840450**  
 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 32 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Freeman, Joann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Oak Street  
 City Laguna Beach State CA Zip Code 92651-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840451**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 2630.00

Date of Receipt 09 / 10 / 2022  
**Transaction ID : 16840452**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Block, Howard, , SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8722 Oak Kolbe Ln  
 City Houston State TX Zip Code 77080-1468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Evry Health Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 11 / 2022  
**Transaction ID : 16840470**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 567.00

Date of Receipt 09 / 11 / 2022  
**Transaction ID : 16840471**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. 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 ▼ 765.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840535**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Cunix, David, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6690 Beta Drive, Suite 212  
 City Mayfield Village State OH Zip Code 44143-2359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840539**  
 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: (check only one)	PAGE 34 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S. Riverside Plaza  
 Suite 900  
 City Chicago State IL Zip Code 60606-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840541**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840544**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Fairbairn, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Creative Insurance Concepts Inc  
 8069 Little Circle Rd  
 City Noblesville State IN Zip Code 46060-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Insurance Concepts Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840548**  
 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 35 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 765.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840552**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840554**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Blomgren, Laura, , CLTC, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 Tracy Ln  
 City Elgin State IL Zip Code 60124-4340  
 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 ▼ 270.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : 16840556**  
 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 36 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hild, Donald, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2640 Willard Dairy Rd.  
 Suite 122  
 City HIGH POINT State NC Zip Code 27265-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2022  
**Transaction ID : 16840564**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2022  
**Transaction ID : 16840566**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Shamburger, Ross, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12215 Quaker Ave  
 City Lubbock State TX Zip Code 79424-7560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shamburger Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2022  
**Transaction ID : 16840618**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1060.00
<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 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Mailing Address 16325 Boones Ferry Rd #204

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
980.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2022

**Transaction ID : 16840625**

Amount of Each Receipt this Period  
340.00

Memo Item

**B. Thomas, Brett, , ,**  
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 ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2022

**Transaction ID : 16841398**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Schroeder, Scott, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 East First Street  
P O Box 327

City Mechanicsville	State IA	Zip Code 52306-0327
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Schroeder & Associates, LLC	Occupation (for Individual) President/Agent
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2022

**Transaction ID : 16841399**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	455.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Canter, Julianne, , ,**  
 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 ▼ 204.00

Date of Receipt 09 / 13 / 2022  
**Transaction ID : 16841400**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Scholz, Paul, J., ,**  
 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 Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 13 / 2022  
**Transaction ID : 16841401**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 765.00

Date of Receipt 09 / 13 / 2022  
**Transaction ID : 16841403**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<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 39 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Daugherty, Cathy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3071 Via Serena N.  
 Unit A.  
 City Laguna Woods State CA Zip Code 92637-0416  
 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 ▼  
 890.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2022  
**Transaction ID : 16841404**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. 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 ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2022  
**Transaction ID : 16841405**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**C. Sherrill, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 498 Palm Springs Dr, Suite 270  
 City Altamonte Springs State FL Zip Code 32701-7805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2022  
**Transaction ID : 16841406**  
 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: PAGE 40 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 420.00

Date of Receipt 09 / 13 / 2022  
**Transaction ID : 16841407**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Chornak, Shelley, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7251 Engle Rd. Suite 103  
 City Cleveland State OH Zip Code 44130-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841659**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Fearing, Meagan, Ray, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 N Wahsatch Ave  
 City Colorado Springs State CO Zip Code 80903-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Marketing Enterprises, Inc Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841661**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Benkowski, Patricia, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4688 W Jennifer Ave  
 Ste 103  
 City Fresno State CA Zip Code 93722-6418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841662**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lovich, Cathryn, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2355 Lee Elgin Road  
 City Woolwine State VA Zip Code 24185-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841663**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Smith, John, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 N Boulevard  
 City Anderson State SC Zip Code 29621-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHK & Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841664**  
 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 42 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Renkar, Christopher, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10286 Staples Mill Road #128  
 City: Glen Allen, State: VA, Zip Code: 23060-3064  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): Renkar Insurance Agency LLC, Occupation (for Individual): Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 878.00

Date of Receipt: 09 / 14 / 2022  
**Transaction ID : 16841667**  
 Amount of Each Receipt this Period: 42.00  
 Memo Item

**B. Sutton, Trent, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Poleline Rd., # A  
 City: Pocatello, State: ID, Zip Code: 83201-6177  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): Real Benefit Solutions, Occupation (for Individual): Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 270.00

Date of Receipt: 09 / 14 / 2022  
**Transaction ID : 16841669**  
 Amount of Each Receipt this Period: 30.00  
 Memo Item

**C. Matznick, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 Cottingham Ct  
 City: Greensboro, State: NC, Zip Code: 27410-8362  
 FEC ID number of contributing federal political committee: C  
 Name of Employer (for Individual): eBen Benefits, Occupation (for Individual): Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 378.00

Date of Receipt: 09 / 14 / 2022  
**Transaction ID : 16841670**  
 Amount of Each Receipt this Period: 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<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 43 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Pierce, Mary, Jeannette, ,**

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 ▼ 270.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841671**

Amount of Each Receipt this Period 30.00

Memo Item

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

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 ▼ 270.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841673**

Amount of Each Receipt this Period 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Johnson, David, S., LUTCF,RHU,,**

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 ▼ 900.00

Date of Receipt 09 / 14 / 2022  
**Transaction ID : 16841674**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hensley, Lizette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 84  
 City Royse City State TX Zip Code 75189-0084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 14 / 2022  
**Transaction ID : 16841676**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Smith, Orma, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3725 Champion Hills Drive Suite 3300  
 City Memphis State TN Zip Code 38125-2597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CanopyNation Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 09 / 14 / 2022  
**Transaction ID : 16841846**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Huston, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 University Street Suite 1900  
 City Seattle State WA Zip Code 98101-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lockton Companies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
 09 / 15 / 2022  
**Transaction ID : 16841879**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	860.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Denz, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 N Wacker Dr  
 Ste 500  
 City Chicago State IL Zip Code 60606-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Benefit Advisors Occupation (for Individual) Marketing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841880**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Dixon, Cynthia, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 S Main  
 City SEARCHY State AR Zip Code 72143-6847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Haymond Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841882**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Spleet, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 East Hill Rd.  
 City Grand Blanc State MI Zip Code 48439-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Franklin Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841883**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bellman, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9120 Branch Hollow Dr  
 City Dallas State TX Zip Code 75243-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841884**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Easterling, Sy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Porter Ave  
 City Biloxi State MS Zip Code 39530-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BXS Insurance Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841886**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stair, B. Gene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6626 Silvermine Dr. Suite 500  
 City Austin State TX Zip Code 78736-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stair & Associates LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841887**  
 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 47 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Rose, Sherry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 E Patton St  
 City La Fayette State GA Zip Code 30728-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solutions To Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841888**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bilhartz, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41865 Boardwalk Ste 108  
 City Palm Desert State CA Zip Code 92211-9031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841891**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 860.00

Date of Receipt 09 / 15 / 2022  
**Transaction ID : 16841947**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<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 48 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Frankel, Teri, Frankel, ,**  
 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) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16841996**

Amount of Each Receipt this Period 30.00

Memo Item

**B. Michaelson Jenet, Dafna, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16891 East 107th Avenue

City Commerce City State CO Zip Code 80022-9573

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

Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16841997**

Amount of Each Receipt this Period 85.00

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 ▼ 1130.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16841998**

Amount of Each Receipt this Period 85.00

Memo Item

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Owens, David, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hazelwood Lane  
 City Kinnelon State NJ Zip Code 07405-2104  
 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 ▼ 765.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16842000**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 425.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16842003**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Ortolani, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 Portland Ave Ste 24  
 City Rochester State NY Zip Code 14621-3014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortolani Services, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16842013**  
 Amount of Each Receipt this Period 150.00  
 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 50 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Magnuson, Raymond, E., JD,CLU,ChF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4337 E. 5th Street

City Tucson	State AZ	Zip Code 85711-2025
----------------	-------------	------------------------

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

Name of Employer (for Individual) Magnuson and Associates	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1740.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

**Transaction ID : 16842015**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 28-51 202 Street

City Flushing	State NY	Zip Code 11360
------------------	-------------	-------------------

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

Name of Employer (for Individual) John J Byrnes Insurance Services	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
09		16		2022

**Transaction ID : 16842022**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Enders, Shannon, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5797 Harvey St  
Ste A

City Norton Shores	State MI	Zip Code 49444-6727
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
770.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

**Transaction ID : 16842033**

Amount of Each Receipt this Period  
62.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	677.50
<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 51 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Mlynarski, Angela, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Ferndale Way  
 City Saint Augustine State FL Zip Code 32092-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : 16842038**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Douglas, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5721 Woodboro Dr  
 City Huntington Beach State CA Zip Code 92649-4949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842237**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Patton, Lee, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 Maple Street  
 City West Des Moines State IA Zip Code 50265-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842239**  
 Amount of Each Receipt this Period 30.00  
 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 52 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 282.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842241**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Bly, Perry, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 N Sycamore Ave  
 Ste 2  
 City Sioux Falls State SD Zip Code 57110-5737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842247**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Pantello, Julie, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Allentown Rd.  
 City Lima State OH Zip Code 45805-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842250**  
 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 53 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 765.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842252**

Amount of Each Receipt this Period 85.00

Memo Item

**B. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1070 Reef Rd  
 Apt 305

City Vero Beach State FL Zip Code 32963-4342

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 ▼ 765.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842253**

Amount of Each Receipt this Period 85.00

Memo Item

**C. 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 ▼ 210.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842254**

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 54 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : 16842255**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Berezki, Erica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Beckstrom Drive  
 City Oviedo State FL Zip Code 32765-5913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BKS Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 16842316**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Anderson, Michael, , REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 American Blvd W Suite 1500  
 City Minneapolis State MN Zip Code 55431-4429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anderson Benefit Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 16842317**  
 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 55 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 378.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 16842318**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 16842322**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 S Carancahua St Ste 301  
 City Corpus Christi State TX Zip Code 78401-3042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 953.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : 16842325**  
 Amount of Each Receipt this Period 63.00  
 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 56 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Singleton, Terry, , REBC,CFP,C,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 195579

City Winter Springs	State FL	Zip Code 32719-5579
------------------------	-------------	------------------------

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 ▼  
1940.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2022  
**Transaction ID : 16842326**

Amount of Each Receipt this Period  
 85.00

Memo Item

**B. Waren, M. Hughes, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 7661

City Wilmington	State NC	Zip Code 28406-7661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) eBen Benefits	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  
 09 / 18 / 2022  
**Transaction ID : 16842327**

Amount of Each Receipt this Period  
 85.00

Memo Item

**C. Reynolds, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5776 Lindero Cyn Rd  
 D342

City Westlake Village	State CA	Zip Code 91362-6428
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Insurance Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2022  
**Transaction ID : 16842329**

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:	PAGE 57 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼  
378.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

**Transaction ID : 16842331**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Eckard, Brenda, A., ,**  
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
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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 ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

**Transaction ID : 16842332**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Walker, Mychal, Hutchinson, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3455 Peachtree Industrial Blvd  
Ste 305

City Duluth	State GA	Zip Code 30096-5176
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Walker Agency, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

**Transaction ID : 16842363**

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 58 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Riggs, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 14788

City Irvine	State CA	Zip Code 92623-4788
----------------	-------------	------------------------

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 ▼  
765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2022

**Transaction ID : 16842372**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Smith, David, C., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 N. Corcoran St. #1205

City Durham	State NC	Zip Code 27701-5020
----------------	-------------	------------------------

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

Name of Employer (for Individual) eBen Benefits	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2022

**Transaction ID : 16842374**

Amount of Each Receipt this Period  
170.00

Memo Item

**C. Kanter, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 Lombard St Ste B

City Thousand Oaks	State CA	Zip Code 91360-8219
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Get Benefits Insurance Services, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2022

**Transaction ID : 16842375**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<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 59 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Samuels, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8430 W Lake Mead #100  
 City Las Vegas State NV Zip Code 89128-7674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842658**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Cross, Danny, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22421 Barton Rd 372  
 City Grand Terrace State CA Zip Code 92313-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D Cross Insurance Marketing Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842659**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Nelson, Mary, Jayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9810 Fairbury Ln  
 City Lincoln State NE Zip Code 68516-9530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ameritas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842660**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 378.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842661**  
 Amount of Each Receipt this Period 42.00  
 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 ▼ 270.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842667**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Bratteli, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 Old Bullard Road, Suite 600-4  
 City Tyler State TX Zip Code 75703-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bratteli Benefit Consulting, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : 16842796**  
 Amount of Each Receipt this Period 635.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	707.00
<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 61 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Moore, Adrian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7936 Covey Chase Drive  
 City Charlotte State NC Zip Code 28210-7231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 21 / 2022  
**Transaction ID : 16842866**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Dunnigan, James, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3105 West 5400 South, Suite 6  
 City Taylorsville State UT Zip Code 84129-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dunnigan Insurance Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2022  
**Transaction ID : 16842871**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kidder, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Newport Blvd Ste 190  
 City Newport Beach State CA Zip Code 92663-3735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 21 / 2022  
**Transaction ID : 16842874**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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 62 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hall, Dwight, , CHC, LUTCF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6107 Hazelwood Ave.

City Indianapolis	State IN	Zip Code 46228-1316
----------------------	-------------	------------------------

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

Name of Employer (for Individual) D Hall & Associates	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

**Transaction ID : 16842876**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 13811 S 50TH ST

City Papillion	State NE	Zip Code 68133-2908
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

**Transaction ID : 16842879**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Harris, Deborah, I., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1236 122nd Ave

City Hopkins	State MI	Zip Code 49328-9623
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Brooks Agency LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
328.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

**Transaction ID : 16842880**

Amount of Each Receipt this Period  
12.00

Memo Item

<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 63 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hain, Erica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Pheasant Run Road  
 100 North Academy Avenue

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Johnson Kendall Johnson	Occupation (for Individual) Senior Director, Commercial Sales
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 21 / 2022  
**Transaction ID : 16842882**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address PO Box 629

City Roanoke	State VA	Zip Code 24004-0629
-----------------	-------------	------------------------

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

Name of Employer (for Individual) D&S Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1915.00

Date of Receipt  
 09 / 22 / 2022  
**Transaction ID : 16842968**

Amount of Each Receipt this Period  
 85.00

Memo Item

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

Mailing Address Five Cowboys Way  
 Suite 300

City Frisco	State TX	Zip Code 75034-2074
----------------	-------------	------------------------

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

Name of Employer (for Individual) Warner Pacific Insurance Svcs	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 765.00

Date of Receipt  
 09 / 22 / 2022  
**Transaction ID : 16842971**

Amount of Each Receipt this Period  
 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bryant, Jolene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7317 W Montgomery Rd  
 City Peoria State AZ Zip Code 85383-5300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16842973**  
 Amount of Each Receipt this Period 42.00  
 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 ▼ 270.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16842974**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Webb, Amy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 E. Main Street Suite 200  
 City Moorestown State NJ Zip Code 08057-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saratoga Benefit Services, LLC. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16842976**  
 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 65 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Baer, Farren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave., NW  
 Suite 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16842977**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Qualizza, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12877 W. 151st Street  
 City Olathe State KS Zip Code 66062-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16842978**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Reid, Krys, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 Greenwich Road  
 Suite 106  
 City Virginia Beach State VA Zip Code 23462-6541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TBCI Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16843023**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5055.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Buckner, Marcy, , ,**  
 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)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16843033**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Valenzano, Don, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 3409  
 City Camarillo State CA Zip Code 93011-3409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valenzano Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16843063**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**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 Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 22 / 2022  
**Transaction ID : 16843264**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<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 67 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hadden, Jeffery, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 W. 96th Street, Suite 350

City Indianapolis	State IN	Zip Code 46260-1317
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LHD Benefit Advisors		Occupation (for Individual) President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 22 / 2022  
**Transaction ID : 16843467**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Goodman, Robert, Hiram, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 7th Avenue South

City Birmingham	State AL	Zip Code 35233-2310
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) McGriff Insurance Services		Occupation (for Individual) Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
09 / 23 / 2022  
**Transaction ID : 16843513**

Amount of Each Receipt this Period  
42.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1605.00

Date of Receipt  
09 / 23 / 2022  
**Transaction ID : 16843514**

Amount of Each Receipt this Period  
170.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1212.00
<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 68 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Siino, Thomas, , RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 Clifton Avenue  
 City Clifton State NJ Zip Code 07013-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Executive Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843519**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Pleasants, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6726 Stuyvesant Ct.  
 City Corpus Christi State TX Zip Code 78414-4269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Employer & Individual Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843520**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Coker, Kenneth, Wayne, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 W I St  
 City Benicia State CA Zip Code 94510-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CokerWayne & Associates Occupation (for Individual) Broker Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843521**  
 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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Braner, Jodie, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway  
 Suite 2750  
 City Sandy Springs State GA Zip Code 30328-6243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843524**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 09 / 23 / 2022  
**Transaction ID : 16843525**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16622 Calahan Street  
 City North Hills State CA Zip Code 91343-3602  
 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 ▼ 805.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843526**  
 Amount of Each Receipt this Period 85.00  
 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 70 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 470.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843527**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McClaskey, Barbara, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1965 Pine Street  
 City Redding State CA Zip Code 96001-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843529**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Reeves, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Brownsboro Rd  
 City Louisville State KY Zip Code 40207-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843530**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gadinas, Kathy, M., CLTC,**  
 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 Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843534**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Oleksiak, Edward, M., ESQ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Remington Dr W  
 City Highland Village State TX Zip Code 75077-4006  
 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 ▼ 4625.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : 16843787**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Kramer, Sherrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 West McKinley Suite 350  
 City Mishawaka State IN Zip Code 46545-5699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 678.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844397**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1092.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Clark, Jonathan, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5525 S 900 E  
 Ste 325  
 City Salt Lake City State UT Zip Code 84117-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844398**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Mackin, Martin, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5133 Harding Pike  
 Ste. B10 - 284  
 City Nashville State TN Zip Code 37205-2891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844399**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. 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) Westwood Agency Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844403**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 765.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844405**  
 Amount of Each Receipt this Period 85.00  
 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) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844408**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Fugitt-Hetrick, Pamela, Leigh, LUTCF, PPC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Soquel Avenue  
 City Santa Cruz State CA Zip Code 95062-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DCD Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844410**  
 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 74 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Barrera, Rolando, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 N Upper Broadway St  
Suite 102

City Corpus Christi State TX Zip Code 78401-1909

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 ▼ 945.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844411**

Amount of Each Receipt this Period 100.00

Memo Item

**B. Roberts, Danielle, Kunkle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 Meacham Blvd Ste 500

City Fort Worth State TX Zip Code 76137-4224

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

Name of Employer (for Individual) Boomer Benefits Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 795.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844414**

Amount of Each Receipt this Period 85.00

Memo Item

**C. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Lake Bellevue, Suite 100

City Bellevue State WA Zip Code 98005-2480

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 ▼ 1530.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844415**

Amount of Each Receipt this Period 170.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. McConnaughey, John, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 805  
 City West Chester State OH Zip Code 45071-0805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JRM & Associates Agency, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844416**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Lawson, Tonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6611 Orion Drive Suite 201  
 City Fort Myers State FL Zip Code 33912-4329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown & Brown, Inc Occupation (for Individual) VP Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844417**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Wilkinson, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 N 44th St Ste 500  
 City Phoenix State AZ Zip Code 85008-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TDA An EMI Health Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2022  
**Transaction ID : 16844418**  
 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 76 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Davis, Paul, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17347 Napa St  
 City Sherwood Forest State CA Zip Code 91325-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paul Davis Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844506**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Broadbent, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 West Cache Valley Blvd, Suite  
 City Logan State UT Zip Code 84341-8450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broadbent Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844508**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. McComb, Margaret, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21862 Seacrest Lane  
 City Huntington Beach State CA Zip Code 92646-8226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844513**  
 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 77 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Olson, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N. 203rd St, Suite 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844517**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844522**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Currier, Craig, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5123 N. 112th  
 City Omaha State NE Zip Code 68164-2157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844523**  
 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 78 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 07719-9760  
 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 ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844525**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 765.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844526**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tuthill, Glendae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 Old Greenville Rd  
 City Fayetteville State GA Zip Code 30215-5935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resource Seven Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844527**  
 Amount of Each Receipt this Period 63.00  
 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 79 OF 174  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sullivan, Audra, I., SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6315 Merritt Way Court  
 City Arlington State TX Zip Code 76018-3132  
 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 ▼ 312.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844528**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844529**  
 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 ▼ 765.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844531**  
 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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844533**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 270.00

Date of Receipt 09 / 25 / 2022  
**Transaction ID : 16844534**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Cociu, Dorothy, M., RHU, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844582**  
 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: PAGE 81 OF 174  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gutierrez, Antonio 'Tony', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12833 River Dance Dr.  
 City Raleigh State NC Zip Code 27613-7093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefitcare.com Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844583**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ramirez, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 E Best Ave  
 City Coeur D Alene State ID Zip Code 83814-4868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dirks Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844584**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 270.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844585**  
 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 82 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive  
 Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844587**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Rivera, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13201 N.W. Fwy. Suite 265  
 City Houston State TX Zip Code 77040-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844590**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tretter, Robert, C., CLU, ChFC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6222 Spring Lake Drive  
 City Hamilton State OH Zip Code 45011-8189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 26 / 2022  
**Transaction ID : 16844591**  
 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 83 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 Woodman Ave  
 Apt 303  
 City Sherman Oaks State CA Zip Code 91423-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Origin Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2022  
**Transaction ID : 16844595**  
 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 5700 Timber Ln  
 City Charlotte State NC Zip Code 28270-5270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Ruffin Insurance Solutions, Inc. President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2022  
**Transaction ID : 16845179**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Smaltz, Suzanne, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 526 S Main St  
 Ste 104  
 City Akron State OH Zip Code 44311-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 HealthMarkets  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2022  
**Transaction ID : 16845180**  
 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 84 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hollister, Deborah, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 NW Federal Hwy  
 Suite 224  
 City Stuart State FL Zip Code 34994-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845183**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Dalrymple, Eric, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2445 Darwin Road, Ste 40  
 City Madison State WI Zip Code 53704-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vista Benefits Occupation (for Individual) Broker/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845184**  
 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 1017 N. Maplewood Ave.  
 City Peoria State IL Zip Code 61606-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845186**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Embry, Michael, A., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49927 Schooner Ct  
 City Chesterfield State MI Zip Code 48047-4339  
 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 ▼ 2660.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845187**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

**B. Schwartz, Matt, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 Breckenridge Lane, Suite 8A  
 City Louisville State KY Zip Code 40220-1462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845189**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Kalish, Alan, Max, CLU,RHU, R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Cottman Ave Ste 6  
 City Philadelphia State PA Zip Code 19149-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845190**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Guttery, Porter, Brown, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9937 Redbud Ln  
 City Lenexa State KS Zip Code 66220-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid-America Insurance Services Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845196**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. 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) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845197**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 1105.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845199**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Johnson, Suzanne, K., RHU, CEBS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1024 SOUTHSTONE DR  
 City Charlotte State NC Zip Code 28210-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hilb Group Southeast Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845201**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Brown, Carey, H., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway Suite 2750  
 City Atlanta State GA Zip Code 30328-6243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845203**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Edwards, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 S Madison Ave #12  
 City Pasadena State CA Zip Code 91101-2544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Citrust Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845208**  
 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 88 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 765.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845210**  
 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 ▼ 765.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845211**  
 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 ▼ 270.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845213**  
 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 89 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Brinson, Stephanie, Dawn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4851 LBJ Freeway  
 Suite 900  
 City Dallas State TX Zip Code 75244-6032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brinson Benefits, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845228**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Powell, Kristopher, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1025 N. Campbell Road  
 City Royal Oak State MI Zip Code 48067-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenePro, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2022  
**Transaction ID : 16845231**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. 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 ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846296**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2030.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846298**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Stocks, Deborah, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 LAKE LOREINE LN  
 City Henrico State VA Zip Code 23233-2523  
 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 ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846310**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott Drive  
 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 ▼ 2250.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846313**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<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 91 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2027 Scott Station Rd  
 City Jefferson City State MO Zip Code 65109-8425  
 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 ▼ 567.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846315**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Kowalczyk-Gonzalez, CarrieAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 S Federal Way #213  
 City Boise State ID Zip Code 83716-9277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846316**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Stancil, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Bellemeade Street Suite 201  
 City Greensboro State NC Zip Code 27401-3796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott Benefit Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846318**  
 Amount of Each Receipt this Period 12.00  
 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 92 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Morier, Dennis, J., REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Abbott St

City Detroit	State MI	Zip Code 48226-2513
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Results Marketing, Inc.	Occupation (for Individual) Insurance Agent
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846319**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 5380 Old Bullard Road, Suite 600-4

City Tyler	State TX	Zip Code 75703-3607
---------------	-------------	------------------------

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

Name of Employer (for Individual) Bratteli Benefit Consulting, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846321**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Salamon, Stephen, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4252

City Timonium	State MD	Zip Code 21094-4252
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Salamon Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846322**

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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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) Keystone/Boley Featherston Insurance A Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1705.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846323**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Selinsky, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28638 Oak Point Drive  
 City Farmington Hills State MI Zip Code 48331-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Director of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846324**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hartman, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 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 ▼ 765.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846328**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<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 94 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Powelson, Janet, , ChHC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3697 MT. DIABLO BLVD., SUITE 100

City Lafayette	State CA	Zip Code 94549-3769
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Brown & Brown, Inc.	Occupation (for Individual) Compliance Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846330**

Amount of Each Receipt this Period  
24.00

Memo Item

**B. Ashby, Thomas, F., LPRT, LUTC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2270 College Ave  
Ste 524

City Forest City	State NC	Zip Code 28043-2464
---------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846332**

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 ▼  
1765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846333**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	151.00
<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 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Goodacre, James, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 22423  
 City Carmel State CA Zip Code 93922-0423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) James W. Goodacre II Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846335**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 628.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846336**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Furr, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 Airmotive Way, Ste. 320  
 City Incline Village State NV Zip Code 89451  
 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 ▼ 300.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846337**  
 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 96 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Stubbs, Guy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 337

City Jerome	State ID	Zip Code 83338-0337
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Hall and Associates		Occupation (for Individual) Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>354.00</b>

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846338**

Amount of Each Receipt this Period  

42.00
-------

 Memo Item

**B. Cagliola, Victoria, , CPA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Simkiss & Block		Occupation (for Individual) CPA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>765.00</b>

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846339**

Amount of Each Receipt this Period  

85.00
-------

 Memo Item

**C. Snowden, Scott, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 Lyndon Lane, Suite 101

City Louisville	State KY	Zip Code 40222-3844
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Snowden & Associates, Inc.		Occupation (for Individual) Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>270.00</b>

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846340**

Amount of Each Receipt this Period  

30.00
-------

 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 97 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Lamberth, Mark, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43402 Waterside Trl  
 City Punta Gorda State FL Zip Code 33982-6007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capstone Administrators Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846341**  
 Amount of Each Receipt this Period 42.00  
 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 ▼ 765.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846342**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Ybarra, Valeria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Vanessa Dr  
 City Corpus Christi State TX Zip Code 78414-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846346**  
 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 98 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846348**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Crosby, Neil, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32110 Agoura Road  
 City Westlake Village State CA Zip Code 91361-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846350**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Whang, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51150 Washington St.  
 City New Baltimore State MI Zip Code 48047-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846351**  
 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 99 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Morrison, James, M., RHU,REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2710 Gateway Rd

City Carlsbad	State CA	Zip Code 92009-1730
------------------	-------------	------------------------

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 ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846352**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Burns, Patrick, , CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5653 Maxwellton Road

City Piedmont	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 ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846354**

Amount of Each Receipt this Period  
170.00

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846356**

Amount of Each Receipt this Period  
30.00

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 100 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Malvich, Marlayna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4125 Cass Elizabeth Rd  
 City Waterford State MI Zip Code 48328-4206  
 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 ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846357**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Coley, Maggie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Olde Gate Court  
 City Pooler State GA Zip Code 31322-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846358**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Hansbrough, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3130 S Harbor Blvd. Suite 140  
 City Santa Ana State CA Zip Code 92704-6863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846359**  
 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 101 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Lardiere, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Dyckman Place  
 City Basking Ridge State NJ Zip Code 07920-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846360**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. 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 ▼ 810.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846361**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Hill, Donna, D., FLMI,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846362**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 890.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846363**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Scopp, Kenneth, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 Montana Avenue  
 #906  
 City Santa Monica State CA Zip Code 90403-1652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Financial Resources Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846364**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Scott, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Northwest Pkwy  
 City San Antonio State TX Zip Code 78249-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846365**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<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 103 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3843 Rock Hill Loop  
 City Apopka State FL Zip Code 32712-4792  
 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 ▼ 1035.00

Date of Receipt  
 09 / 28 / 2022  
**Transaction ID : 16846366**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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) SJ Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 09 / 28 / 2022  
**Transaction ID : 16846368**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sheehan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 808 Beaver St  
 City Santa Rosa State CA Zip Code 95404-3731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norman Sheehan Insurance Agency LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 09 / 28 / 2022  
**Transaction ID : 16846371**  
 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 104 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kinley, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2417 Cimarrone Blvd  
 City Jacksonville State FL Zip Code 32259-2184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846374**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Patton, Rhonda, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 751180  
 City Petaluma State CA Zip Code 94975-1180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846375**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Holcomb, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260  
 City Spokane State WA Zip Code 99201-4912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viren and Associates, Inc. Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846377**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.00
<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 105 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846378**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Barrett, William, J., CLU, ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Keswick Commons  
 City New Albany State OH Zip Code 43054-8231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aetna Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846379**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Keehn, Joanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3104 Hubbard Rd  
 City Madison State OH Zip Code 44057-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthMarkets Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846380**  
 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 106 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Rojas, Pedro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 E Iron Eagle Dr Ste 101  
 City Eagle State ID Zip Code 83616-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mountain Health CO-OP Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846381**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Healy, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3124 S. Parker Road Suite A2-143  
 City Aurora State CO Zip Code 80014-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trilogy Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846385**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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 ▼ 765.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : 16846386**  
 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 107 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Collins, Martha, T., RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 N. Mountain Avenue  
Suite 208

City Upland	State CA	Zip Code 91786-5055
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846387**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Taylor, June, Kaye, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8046 Genesta Ave

City Van Nuys	State CA	Zip Code 91406-1114
------------------	-------------	------------------------

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

Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

**Transaction ID : 16846445**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. 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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

**Transaction ID : 16846790**

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 108 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Lundy, Erick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 E. Fairview Ave.  
 Suite 1077  
 City Meridian State ID Zip Code 83642-5702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lundy Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 29 / 2022  
**Transaction ID : 16882032**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$0.00

**B. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 S Carancahua St  
 Ste 301  
 City Corpus Christi State TX Zip Code 78401-3042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 995.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433061229833**  
 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 5550 Wild Rose Lane  
 Suite 400  
 City West Des Moines State IA Zip Code 50266-5351  
 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 900.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433076129833**  
 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: PAGE 109 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Rubio, Hilario, Francisco, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 Grand Ave  
 City Las Vegas State NM Zip Code 87701-4518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rubio Financial, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433085729833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Adams, Carla, , CBC, GBA,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Bridget Dr  
 City Marble Falls State TX Zip Code 78654-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Isolved Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433095029833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Deacon, Joseph, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 1/2 Hale St  
 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 & Benefits C Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433129329833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sweaney, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13231 Champion Forest Dr., Ste 305  
 City Houston State TX Zip Code 77069-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Business Health Strategies, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433151829833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433168129833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Christense, H Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3013 Sonora Canyon Rd  
 City Weatherford State TX Zip Code 76087-8215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433187729833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 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 111 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼  
 270.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR433197429833**

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) Globe Life Benefits	Occupation (for Individual) Sales Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR433206829833**

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 ▼  
 765.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR433214329833**

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 112 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Gerken, Barb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 Monroe Street  
 Suite A  
 City Sylvania State OH Zip Code 43560-2538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433268329833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433298729833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433302729833**  
 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 113 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Lovincey, Rebecca, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 NE Park Plaza Dr #293  
 City Vancouver State WA Zip Code 98684-5881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433347129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Ornellas, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 W. Court St.  
 City Woodland State CA Zip Code 95695-3080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433463229833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Willison, Clover, Denise, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 Sprowel Creek Rd  
 City Garberville State CA Zip Code 95542-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433468629833**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 172.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433548029833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433692829833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433694529833**  
 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 115 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Schneider, JoEllen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1818 W. State Street  
 City Boise State ID Zip Code 83702-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JS & BK Insurance Occupation (for Individual) Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR433791829833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 274.50

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436789429833**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Monthly)

**C. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 E Street NW, Ste 400  
 City Washington State DC Zip Code 20004-2032  
 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436821429833**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.50
<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: PAGE 116 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

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 ▼ **1530.00**

Date of Receipt **09 / 30 / 2022**

**Transaction ID : PR436830329833**

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 ▼ **450.00**

Date of Receipt **09 / 30 / 2022**

**Transaction ID : PR436838929833**

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 ▼ **378.00**

Date of Receipt **09 / 30 / 2022**

**Transaction ID : PR436848529833**

Amount of Each Receipt this Period **42.00**

Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **262.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436853329833**  
 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 ▼ 570.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436856929833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436861829833**  
 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: PAGE 118 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436873529833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. 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 ▼ 510.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436875629833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Stuart, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 484 E Carmel Dr Suite 358  
 City Carmel State IN Zip Code 46032-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436883329833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 185.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 450.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436895329833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436901529833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Booth, Tonya, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 2542  
 432 Halifax Drive  
 City Coppell State TX Zip Code 75019-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436911029833**  
 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 120 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436917229833**  
 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 ▼ 279.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436923429833**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**C. Stenger, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8926 Crown Colony Boulevard  
 City Fort Myers State FL Zip Code 33908-5627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AgencySmart Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436939929833**  
 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:	PAGE 121 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Seifert, Greg, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 NE 115th St.  
 City Vancouver State WA Zip Code 98686-3945  
 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436941629833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Woods, John, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Market Street Suite 110  
 City Warren State OH Zip Code 44483-6625  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436950029833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Holland, Robert, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 698  
 City Centralia State WA Zip Code 98531-0698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 717.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436961729833**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 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 122 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Schneider, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4701 Trousdale Dr. Ste 202  
 City Nashville State TN Zip Code 37220-1386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436963529833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Parker, John, C., RHU, LTCP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hope St Unit 1312  
 City Niantic State CT Zip Code 06357-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436986829833**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**C. Splawn, William, Craig, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Avenue C  
 City Katy State TX Zip Code 77493-2302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436992829833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Phillips, Paige, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1434 Hwy 301  
 City Calera State AL Zip Code 35040-5466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paige Phillips Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR436993029833**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

**B. Fristoe, Kelly, Don, LUTCF, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4789  
 City Wichita Falls State TX Zip Code 76308-0789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437002329833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Thorn, Ryan, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095-4538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437004029833**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<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 124 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Buie, Scott, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4525 S 2300 E  
 Ste 201  
 City Salt Lake City    State UT    Zip Code 84117-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buie Insurance Services    Occupation (for Individual) Broker  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437010529833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Gray, Michael, D., RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 R St.  
 Ste. 150  
 City Lincoln    State NE    Zip Code 68508-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FNIC    Occupation (for Individual) Broker  
 Receipt For:  Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437016729833**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Duhon, Keith, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 80158  
 City Lafayette    State LA    Zip Code 70598-0158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Family Insurance Center, Inc.    Occupation (for Individual) Broker  
 Receipt For:  Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437017129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

180.00

**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 125 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Kaczmarek, T. Darlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 N. Chestnut St., Suite 202  
 City Ravenna State OH Zip Code 44266-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437026329833**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**B. Blizman, Donna, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1939 Racimo Dr  
 City Sarasota State FL Zip Code 34240-9426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefits Marketing Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437031529833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Moore, Wesley, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 604  
 City Darlington State SC Zip Code 29540-0604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moore Insurance Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437039429833**  
 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 126 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Hayes, Leesa, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 Lyndon Lane Suite 101  
 City Louisville State KY Zip Code 40222-3844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIM Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437043329833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Ameling, Mary, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Wood Lily Circle  
 City Leland State NC Zip Code 28451-7686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437057729833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Olson, Terri, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 21479  
 City Keizer State OR Zip Code 97307-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437070229833**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Rd  
 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, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 831.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437076129833**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**B. Smith, Kevin, W., CLU, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 674103  
 City Marietta State GA Zip Code 30006-0069  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437077229833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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) Koehler Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437090129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Stephens, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3350 Riverwood Parkway  
 Suite 1900  
 City Atlanta State GA Zip Code 30339-2066  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437110729833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. McEvilly, BRIAN, J., RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7260 West Azure Drive  
 #140-201  
 City Las Vegas State NV Zip Code 89130-7999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McEvilly Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437117729833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Benton, Bruce, D., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20300 Ventura Blvd  
 Suite 200  
 City Woodland Hills State CA Zip Code 91364-0959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437123029833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**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 129 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437128029833**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. Allard, Terry, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503-4040

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

Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437182329833**

Amount of Each Receipt this Period 250.00

Memo Item

P/R Deduction (\$250.00 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 Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437196429833**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<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 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bunkers, Scott, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Magnolia Bay Ct  
 City Winter Park State FL Zip Code 32789  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437196729833**  
 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 300 Madison Avenue Suite 270  
 City Toledo State OH Zip Code 43604-1568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paramount Health & Dental Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437203329833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Garbina, James, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14010 FNB Pkwy Ste 300  
 City Omaha State NE Zip Code 68154-5235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437212229833**  
 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 131 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2022

**Transaction ID : PR437219629833**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2022

**Transaction ID : PR437229129833**

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	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
573.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2022

**Transaction ID : PR437231229833**

Amount of Each Receipt this Period  
47.00

Memo Item

P/R Deduction (\$47.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.00
<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 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 2415.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437236929833**

Amount of Each Receipt this Period 415.00

Memo Item

P/R Deduction (\$415.00 Monthly)

**B. Barton, Diane, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 615 E Britton Rd

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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437254129833**

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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437256129833**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

<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: PAGE 133 OF 174  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437258329833**

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 ▼  
378.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437264329833**

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437264929833**

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 134 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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) Ascensus Health & Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437268329833**  
 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437270529833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437274729833**  
 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 135 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 1125.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437281029833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437294729833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437310529833**  
 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 136 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bell, Marie, D., FLMI,AIAA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1853

City Minnetonka	State MN	Zip Code 55345-0853
--------------------	-------------	------------------------

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 ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437323329833**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**B. 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 ▼  
890.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437326129833**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 714 Millikens Bend

City Covington	State LA	Zip Code 70433-4581
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437344529833**

Amount of Each Receipt this Period  
25.00

Memo Item

P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437361129833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 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 ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437385429833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Jensen, Cerrina, , CHRS, CBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12846 Knightsbrook Ave  
 City Rancho Cordova State CA Zip Code 95742-6625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SolV Independent Insurance Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437391229833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.00
<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 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Bogard, Andrea, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4598 Harrier Court  
 City Jeffersonville State IN Zip Code 47130-4486  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437400029833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Cramer, Valerie, Lynn, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Burgen Ct. NE  
 City Grand Rapids State MI Zip Code 49525-3979  
 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 ▼ 1025.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437416429833**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Gandy, Hollie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 W Interstate 40 Ste 101  
 City Amarillo State TX Zip Code 79106-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Safe Money Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437425029833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<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 139 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR43742729833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. 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 ▼ 567.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437454929833**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**C. Powers, Jason, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30724 Explorers Trl  
 City De Soto State KS Zip Code 66018-8407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Legacy Brokers, LLC Occupation (for Individual) Employee Benefits Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437467129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 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 140 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437474929833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437475129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Miller, Dawn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 847  
 City McMinnville State OR Zip Code 97128-0847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hagan Hamilton Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437488829833**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼  
578.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437516829833**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**B. Stedt, Margaret, Evelyn, C.S.A., LP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

City San Clemente	State CA	Zip Code 92673-3003
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437529929833**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 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 ▼  
1058.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437562829833**

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: PAGE 142 OF 174
	(check only one)
<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"/>	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mobley, Dennis, F., ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2022 <b>Transaction ID : PR437587529833</b>
Mailing Address 137 Executive Drive Suite D	Amount of Each Receipt this Period 50.00
City Madison State MS Zip Code 39110-8456	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer (for Individual) SouthGroup Benefits Consultants, LLC Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Robinson, Judith, L., ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2022 <b>Transaction ID : PR437594129833</b>
Mailing Address P O Box 10071	Amount of Each Receipt this Period 85.00
City Tyler State TX Zip Code 75711-0071	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Monthly)
Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Starks, Eugene, , ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2022 <b>Transaction ID : PR437603129833</b>
Mailing Address 1022 Highland Colony Parkway Suite 202	Amount of Each Receipt this Period 85.00
City Ridgeland State MS Zip Code 39157-2086	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Monthly)
Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1665.00

<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 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 270.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR437605729833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Rasch, Tim, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19445 Westling Dr  
 City Oregon City State OR Zip Code 97045-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR437606229833**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**C. Canter, Julianne, , ,**  
 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 ▼ 216.00

Date of Receipt  
 09 / 30 / 2022  
**Transaction ID : PR437621929833**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54.00
<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 144 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437669529833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Ledgerwood, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12022 FOREST MOON DR  
 City CYPRESS State TX Zip Code 77433-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Health Plans of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437671929833**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Strouse, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437683129833**  
 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 145 OF 174
<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Atkinson, Lynn, , HIA,MBA,SC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Cattle Lane

City Roanoke	State VA	Zip Code 24018-6104
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437687329833**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 418 Peoples, # 505

City Corpus Christi	State TX	Zip Code 78401-2350
------------------------	-------------	------------------------

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

Name of Employer (for Individual) The Granado Group	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437693229833**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 9114 Adams Avenue  
Ste 191

City Huntington Beach	State CA	Zip Code 92646-3405
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Melgoza Insurance Solutions	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437701129833**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 146 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼  
915.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437705629833**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 4501 Manatee Ave W #122

City Bradenton	State FL	Zip Code 34209-3952
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Essential Benefits Consulting	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437716129833**

Amount of Each Receipt this Period  
12.00

Memo Item

P/R Deduction (\$12.00 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

**Transaction ID : PR437737429833**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.00
<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 147 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Williams, Leslie, A., CHR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 Hilltop Drive  
 Suite 5  
 City Redding State CA Zip Code 96002-0515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 30 / 2022**  
**Transaction ID : PR437742929833**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Edwards, Susan, Christensen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 S. Roop St  
 PO Box 1478  
 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 **450.00**

Date of Receipt **09 / 30 / 2022**  
**Transaction ID : PR437755529833**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Johnson, John, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8414 N. Wall Street  
 Ste C  
 City Spokane State WA Zip Code 99208-6161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **567.00**

Date of Receipt **09 / 30 / 2022**  
**Transaction ID : PR437775829833**  
 Amount of Each Receipt this Period **63.00**  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>155.00</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 148 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 N Main St  
 Suite 105  
 City Royal Oak State MI Zip Code 48067-1815  
 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437778629833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Heider, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St, Suite 100  
 City Twin Falls State ID Zip Code 83301-4641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magic Valley Ins. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437792229833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Cartier, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11920 White River Dr  
 City San Antonio State TX Zip Code 78254-6369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437803629833**  
 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 149 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Purcilly, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3155 W Big Beaver Rd  
Ste 125

City Troy State MI Zip Code 48084-3007

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437814929833**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 8220 N 23rd Ave. Bldg2

City Phoenix State AZ Zip Code 85021-4872

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437834929833**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 342.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR43785629833**

Amount of Each Receipt this Period 38.00

Memo Item

P/R Deduction (\$38.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 98.00

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

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

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

FOR LINE NUMBER: PAGE 150 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. James, Leslie, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6902 Pearl Road  
 Suite 405  
 City Cleveland State OH Zip Code 44130-3621  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437860029833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR437878329833**  
 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 10404  
 City Albuquerque State NM Zip Code 87184-0404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Linda Atencio Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR439256929833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR470069129833**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
 P/R Deduction (\$55.00 Monthly)

**B. Waltman, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1829 Reistertown Road  
 Suite 100  
 City Pikesville State MD Zip Code 21208-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR470100129833**  
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR476686829833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<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 152 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR496323829833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Bravo, Denisse, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 N Thornydale Road Suite 110-335  
 City Tucson State AZ Zip Code 85741-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR497996229833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR528187229833**  
 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 153 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Ybarra, Valeria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Vanessa Dr  
 City Corpus Christi State TX Zip Code 78414-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR528424129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Kennedy, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. Battlefield  
 City Springfield State MO Zip Code 65807-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR573884929833**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Harmon, Kelley, L., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2050 Silver Crossings Cir  
 City Piedmont State OK Zip Code 73078-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frates Irwin Risk Management Solutions Occupation (for Individual) Director of Benefits  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR577835429833**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 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 154 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Haberman, Caleb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9301 Bryant Ave S  
 Ste 105  
 City Bloomington State MN Zip Code 55420-3473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR623646629833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Parker, Frederick, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12303 Hwy 707  
 Suite B  
 City Murrells Inlet State SC Zip Code 29576-9740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR742659129833**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Nichols, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 S Berry  
 Suite 100  
 City Norman State OK Zip Code 73072-7480  
 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 ▼ 765.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR840269929833**  
 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 155 OF 174
	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Mulcare, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 S 6th St  
 City Klamath Falls State OR Zip Code 97601-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Simmons Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR860243829833**  
 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2022  
**Transaction ID : PR891081429833**  
 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  
 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).....▶	40502.67

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

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

FOR LINE NUMBER: PAGE 156 OF 174  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sinema for Arizona**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 7586  
 City Phoenix State AZ Zip Code 85011  
 FEC ID number of contributing federal political committee. **C** C00508804  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2022  
**Transaction ID : 16837306**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C

**Transaction ID : 16856728**

Amount of Each Disbursement this Period: 1032.21

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1032.21
<b>TOTAL</b> This Period (last page this line number only).....▶	1032.21

**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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Horsford For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Horsford, Steven, A., Rep.,**

Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: NV District: 04

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C00504613  
**Transaction ID : 16838685**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Friends Of John Barrasso**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Barrasso, John, A., Sen., MD**

Office Sought:  House  Senate  President Disbursement For: 2024  
 Primary  General  Other (specify) ▼

State: WY District:

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C00436386  
**Transaction ID : 16838686**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. Hudson For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement  011 Category/Type

Candidate Name  
**Hudson, Richard, L., Rep., Jr.**

Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: NC District: 08

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C00504522  
**Transaction ID : 16838687**  
Amount of Each Disbursement this Period: 1000.00

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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Sharice For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 13851 W. 63rd St. Num 303  
City Shawnee State KS Zip Code 66216  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Dauids, Sharice, , Rep.,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: KS District: 03

Date of Disbursement: 09 / 06 / 2022  
FEC Identification Number: **C00670034**  
Transaction ID : **16838688**  
Amount of Each Disbursement this Period: 2000.00  
 Memo Item

**B. Walberg For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1362  
City Jackson State MI Zip Code 49204  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Walberg, Tim, , Rep.,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: MI District: 07

Date of Disbursement: 09 / 06 / 2022  
FEC Identification Number: **C00390724**  
Transaction ID : **16838690**  
Amount of Each Disbursement this Period: 1000.00  
 Memo Item

**C. Chris Pappas For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 313  
City Manchester State NH Zip Code 03105  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Pappas, Chris, , ,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: NH District: 01

Date of Disbursement: 09 / 09 / 2022  
FEC Identification Number: **C00660464**  
Transaction ID : **16840398**  
Amount of Each Disbursement this Period: 2000.00  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Mikie Sherrill For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address P.O. Box 43032		FEC Identification Number C00640003 <b>Transaction ID : 16840399</b>
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Sherrill, Rebecca, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address PO Box 841		FEC Identification Number C00409581 <b>Transaction ID : 16840400</b>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>Thune, John, R., Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SD	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address PO Box 841		FEC Identification Number C00409581 <b>Transaction ID : 16840401</b>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Thune, John, R., Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SD	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. MOTOR CITY PAC**

Mailing Address P.O. Box 15854

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  
09 / 09 / 2022

FEC Identification Number

C C00507574

**Transaction ID : 16840402**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lauren Underwood For Congress**

Mailing Address 13400 S ROUTE 59  
STE 116 BOX 248

City  
PLAINFIELD

State  
IL

Zip Code  
60585

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Underwood, Lauren, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: IL

District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2022

FEC Identification Number

C C00652719

**Transaction ID : 16840403**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Shaheen For Senate**

Mailing Address 105 N State Street

City  
Concord

State  
NH

Zip Code  
03301

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Shaheen, Jeanne, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

State: NH

District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2022

FEC Identification Number

C C00457325

**Transaction ID : 16840404**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9500.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Lummis For Wyoming Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2022

Mailing Address 111 S Durbin St  
Ste 300

City Casper State WY Zip Code 82601

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00443580
---	-----------

**Transaction ID : 16840405**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Candidate Name

**Lummis, Cynthia, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

State: WY District:

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2022

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00394957
---	-----------

**Transaction ID : 16840406**

Amount of Each Disbursement this Period

4000.00
---------

Memo Item

Candidate Name

**Scalise, Steve, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Full Name (Last, First, Middle Initial)

**C. Promoting Our Republican Team PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2022

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244-2768

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	
---	--

**Transaction ID : 16840407**

Amount of Each Disbursement this Period

3000.00
---------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

9000.00
---------

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

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**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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial) <b>A. Jimmy Gomez For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address 777 S Figueroa St Suite 4050		FEC Identification Number C00629659 <b>Transaction ID : 16840408</b>
City Los Angeles	State CA	Zip Code 90017
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Gomez, Jimmy, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 34	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Peters For Michigan</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2022
Mailing Address PO Box 32072		FEC Identification Number C00437889 <b>Transaction ID : 16840593</b>
City Detroit	State MI	Zip Code 48244
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Peters, Gary, , Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Peters For Michigan</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2022
Mailing Address PO Box 32072		FEC Identification Number C00437889 <b>Transaction ID : 16840594</b>
City Detroit	State MI	Zip Code 48244
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name <b>Peters, Gary, , Sen.,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Joni For Iowa**

Mailing Address PO Box 93441

City  
Des Moines

State  
IA

Zip Code  
50393

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ernst, Joni, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

State: IA

District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C00546788

**Transaction ID : 16841413**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Mailing Address PO Box 327

City  
Madison

State  
WI

Zip Code  
53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Pocan, Mark, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: WI

District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C00502179

**Transaction ID : 16841414**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address PO Box 261172

City  
Hartford

State  
CT

Zip Code  
06126

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Larson, John, B., Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: CT

District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C00330142

**Transaction ID : 16841415**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

4000.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Lou Correa For Congress**

Mailing Address 3230 ARENA BLVD STE 245-416

City  
SACRAMENTO

State  
CA

Zip Code  
95834

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Correa, J. Luis, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00578302

**Transaction ID : 16841416**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City  
Springfield

State  
MA

Zip Code  
01108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Neal, Richard, E., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00226522

**Transaction ID : 16841417**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of McCormick**

Mailing Address PO Box 134

City  
Suwanee

State  
GA

Zip Code  
30024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**McCormick, Richard, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number

C C00706747

**Transaction ID : 16841418**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

**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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Thompson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: CA District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16841419**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Cardenas For Congress**

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: CA District: 29

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16841420**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Burgess, Michael, C., Rep., M.D.**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
State: TX District: 26

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16841421**  
Amount of Each Disbursement this Period

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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Lofgren For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2022

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

FEC Identification Number

**C** C00289603

**Transaction ID : 16841422**

Amount of Each Disbursement this Period

1000.00

Memo Item

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Lofgren, Zoe, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Full Name (Last, First, Middle Initial)

**B. Kat For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2022

Mailing Address 5200 Nw 43rd St Ste 102-180

FEC Identification Number

**C** C00730895

**Transaction ID : 16841424**

Amount of Each Disbursement this Period

3000.00

Memo Item

City Gainesville State FL Zip Code 32606

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Cammack, Kathryn, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

Full Name (Last, First, Middle Initial)

**C. Scott Baugh For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2022

Mailing Address 4040 Macarthur Boulevard  
Suite 200

FEC Identification Number

**C** C00798322

**Transaction ID : 16841436**

Amount of Each Disbursement this Period

2000.00

Memo Item

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

**Baugh, Scott, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

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

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

6000.00



**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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Self For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1920

City Mckinney State TX Zip Code 75070

Purpose of Disbursement  011 Category/Type

Candidate Name **Self, Keith, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: TX District: 03

Date of Disbursement: 09 / 13 / 2022

FEC Identification Number: **C00791293**  
**Transaction ID : 16841442**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Maryott For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 31726 Rancho Viejo Rd Ste 101

City Sanjuancapistrano State CA Zip Code 92675

Purpose of Disbursement  011 Category/Type

Candidate Name **Maryott, Brian, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement: 09 / 13 / 2022

FEC Identification Number: **C00666859**  
**Transaction ID : 16841444**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Lori Chavez-Deremer For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 11805 Se Eastbourne Lane

City Happy Valley State OR Zip Code 97086

Purpose of Disbursement  011 Category/Type

Candidate Name **Chavez-Deremer, Lori, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement: 09 / 13 / 2022

FEC Identification Number: **C00784520**  
**Transaction ID : 16841446**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Scott Baugh For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 4040 Macarthur Boulevard  
Suite 200

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Void - Scott Baugh For Congress

Candidate Name  
**Baugh, Scott, , ,**

Office Sought:  House  Senate  President  
State: CA District: 47

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number  
**C** C00798322  
**Transaction ID : 16841447**

Amount of Each Disbursement this Period  
- 2000.00

Void - Scott Baugh For Congress

Memo Item

**B. Grassley Committee Inc**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name  
**Grassley, Chuck, E., Sen.,**

Office Sought:  House  Senate  President  
State: IA District:

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
09 / 13 / 2022

FEC Identification Number  
**C** C00230482  
**Transaction ID : 16841483**

Amount of Each Disbursement this Period  
3000.00

Memo Item

**C. MCCARTHY VICTORY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 13307

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2022

FEC Identification Number  
**C**  
**Transaction ID : 16841908**

Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Jason Smith For Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 20 / 2022

Mailing Address PO Box 1324

City: Cape Girardeau, State: MO, Zip Code: 63702

Purpose of Disbursement: 011

Candidate Name: Smith, Jason, , ,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: MO, District: 08

FEC Identification Number: C00541862  
Transaction ID: 16842672  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Walberg For Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 20 / 2022

Mailing Address PO Box 1362

City: Jackson, State: MI, Zip Code: 49204

Purpose of Disbursement: 011

Candidate Name: Walberg, Tim, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: MI, District: 07

FEC Identification Number: C00390724  
Transaction ID: 16842680  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Mike Garcia For Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 20 / 2022

Mailing Address 1451 Quail Street, Suite 101

City: Newport Beach, State: CA, Zip Code: 92660

Purpose of Disbursement: 011

Candidate Name: Garcia, Mike, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: CA, District: 25

FEC Identification Number: C00701102  
Transaction ID: 16842681  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

**A. Hoosier PAC**

Mailing Address 124 16th Street SE

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  
09 / 20 / 2022

FEC Identification Number

C C00691162

**Transaction ID : 16842683**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kat For Congress**

Mailing Address 5200 Nw 43rd St Ste 102-180

City  
Gainesville

State  
FL

Zip Code  
32606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Cammack, Kathryn, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  Primary  General  
 Other (specify)

State: FL District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2022

FEC Identification Number

C C00730895

**Transaction ID : 16842761**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lisa McClain For Congress**

Mailing Address 11540 34 Mile Road

City  
Bruce Township

State  
MI

Zip Code  
48065

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**McClain, Lisa, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2022

FEC Identification Number

C C00726042

**Transaction ID : 16846752**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. Britt For Alabama Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3759

City: Montgomery State: AL Zip Code: 36109

Purpose of Disbursement:  011 Category/Type

Candidate Name: **Britt, Katie, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: AL District:

Date of Disbursement: 09 / 29 / 2022

FEC Identification Number: **C00781443**  
Transaction ID : **16846754**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Cliff Bentz For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 660 Morgan Ave

City: Ontario State: OR Zip Code: 97914

Purpose of Disbursement:  011 Category/Type

Candidate Name: **Bentz, Cliff, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement: 09 / 29 / 2022

FEC Identification Number: **C00725465**  
Transaction ID : **16846755**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Elect Jim Baird For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 203

City: Greencastle State: IN Zip Code: 46135

Purpose of Disbursement:  011 Category/Type

Candidate Name: **Baird, James, , Rep., PhD**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IN District: 04

Date of Disbursement: 09 / 29 / 2022

FEC Identification Number: **C00662940**  
Transaction ID : **16846757**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Full Name (Last, First, Middle Initial)

### A. Getting Stuff Done PAC

Mailing Address PO Box 7586

City  
Phoenix

State  
AZ

Zip Code  
85011

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

FEC Identification Number

C C00571182

Transaction ID : 16846758

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. McConnell for Majority Leader

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

FEC Identification Number

C

Transaction ID : 16846759

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Huizenga For Congress

Mailing Address PO Box 254

City  
Zeeland

State  
MI

Zip Code  
49464

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Huizenga, Bill, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

FEC Identification Number

C C00459297

Transaction ID : 16846760

Amount of Each Disbursement this Period

1000.00

Memo Item

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

9500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

**A. THE PETER NORBECK LEADERSHIP PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 317 Oak Lane

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2022

FEC Identification Number: C 000571976

Transaction ID : 16846791

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Badlands PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C 000543207

Transaction ID : 16847488

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	102000.00