

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2018

through

M M / D D / Y Y Y Y Y Y
01 31 2018

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 02 2018

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		340873.40
(b) Cash on Hand at Beginning of Reporting Period.....	340873.40	
(c) Total Receipts (from Line 19)	49255.50	49255.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	390128.90	390128.90
7. Total Disbursements (from Line 31).....	47995.89	47995.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	342133.01	342133.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

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).....	10629.00	10629.00
(ii) Unitemized	38626.50	38626.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49255.50	49255.50
(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)	49255.50	49255.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49255.50	49255.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49255.50	49255.50

DETAILED SUMMARY PAGE of Disbursements

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Page 4

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	1241.89	1241.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1241.89	1241.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	43500.00
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	3254.00	3254.00
(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)).....	3254.00	3254.00
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)) ..	47995.89	47995.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47995.89	47995.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49255.50	49255.50
34. Total Contribution Refunds (from Line 28(d))	3254.00	3254.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46001.50	46001.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1241.89	1241.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1241.89	1241.89

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 20

(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)

Health Underwriters Political Action Committee

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

A. Kite, William, , ,

Mailing Address PO Box 629

City
RoanokeState
VAZip Code
24004-0629FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2018

Transaction ID : 11641881

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Cummings, Michael, Joseph, ,

Mailing Address 1301 Madison Avenue

City
DunmoreState
PAZip Code
18509-2423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cummings Insurance Agency

Occupation (for Individual)

Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2018

Transaction ID : 11642041

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Webb, Charles, A., ,

Mailing Address 2670 Electric Rd

City
RoanokeState
VAZip Code
24018-3511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Innovative Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2018

Transaction ID : 11642702

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1050.00

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 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Avery, Michael, K., ,

Mailing Address 1015 North Dixie

City
Odessa

State
TX

Zip Code
79761-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AL J. Avery & Associates, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2018

Transaction ID : 11702478

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hamming, Kevin, A., ,

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

M M / D D / Y Y Y Y Y Y
01 / 17 / 2018

Transaction ID : 11702487

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Robbins, Rhett, , ,

Mailing Address 3809 Messina Drive

City

Lake Mary

State

FL

Zip Code

32746-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Butler Benefit Group

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2018

Transaction ID : 11702499

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

1365.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Koerner, Clayton, M., ,

Mailing Address P.O. Box 10985

City
Bakersfield

State
CA

Zip Code
93389-0985

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurica Insurance Management Network

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2018

Transaction ID : 11703301

Amount of Each Receipt this Period

1013.00

☐ Memo Item

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

B. Embry, Michael, A., ,

Mailing Address 26555 Evergreen Road
Suite 535

City
Southfield

State
MI

Zip Code
48076-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2018

Transaction ID : 11704149

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

C. Muhich, Brian, , ,

Mailing Address 699 Littleton Trail

City
Elgin

State
IL

Zip Code
60120-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Be Well Consulting Corp.

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2018

Transaction ID : 11707233

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1678.00

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 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Drysdale, Sam, , ,

Mailing Address P.O. Box 8222

City
Springfield

State
MO

Zip Code
65801-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Health Plans

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42.00

Date of Receipt

01 / 26 / 2018

Transaction ID : 11743866

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Furr, Kenneth, , ,

Mailing Address 2786 Danbury Ct

City
Reno

State
NV

Zip Code
89523-2259

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 ▼

30.00

Date of Receipt

01 / 26 / 2018

Transaction ID : 11743887

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Bechtold, Annette, , ,

Mailing Address 200 Galleria Pkwy SE
Ste 1950

City
Atlanta

State
GA

Zip Code
30339-5946

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 ▼

42.00

Date of Receipt

01 / 27 / 2018

Transaction ID : 11744249

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

114.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Ragusa, Ruth, Ferry, ,

Mailing Address 308 Lassalle Drive

City

River Ridge

State

LA

Zip Code

70123-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allied Benefits Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

01 / 28 / 2018

Transaction ID : 11744316

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Ragusa, Ruth, Ferry, ,

Mailing Address 308 Lassalle Drive

City

River Ridge

State

LA

Zip Code

70123-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allied Benefits Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 25 / 2018

Transaction ID : 11756385

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Ragusa, Ruth, Ferry, ,

Mailing Address 308 Lassalle Drive

City

River Ridge

State

LA

Zip Code

70123-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allied Benefits Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 25 / 2018

Transaction ID : 11756386

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

430.00

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 11 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Orenstein, Shawn, N., ,

Mailing Address 400 Berwyn Park

899 Cassatt Rd., # 200

City

Berwyn

State
PA

Zip Code

19312-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2018

Transaction ID : 11756397

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. Daggett, William, , ,

Mailing Address 400 Berwyn Park

899 Cassatt Rd., # 200

City

Berwyn

State
PA

Zip Code

19312-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2018

Transaction ID : 11756398

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Gilley, Janice, , ,

Mailing Address 3000 NW 149th St.

City

Oklahoma City

State
OK

Zip Code

73134-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Beale Professional Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

- 12.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : 11758013

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$12.00 This changes the YTD Total to \$-12.00

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

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

4000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Rose, Mark, , ,

Mailing Address 11225 SE 6 Th St
Suite 110City
BellevueState
WAZip Code
98004-6478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Partners GroupOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 3230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2018

Transaction ID : 11758014

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$3230.00 This changes the YTD Total to \$-3230.00

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

B. Turk, Maria, G., ,

Mailing Address 8022 Office Court-Suite 101

City
OrlandoState
FLZip Code
32809-6753FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Living Tree Financial Group, LLCOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 12.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : 11758015

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$12.00 This changes the YTD Total to \$-12.00

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

C. Furr, Kenneth, , ,

Mailing Address 2786 Danbury Ct

City
RenoState
NVZip Code
89523-2259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Menath Insurance AgencyOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR433204717754

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

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

300.00

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 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Benton, Bruce, D., ,

Mailing Address 17200 Ventura Blvd
Suite 312

City
Encino

State
CA

Zip Code
91316-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genesis Financial & Insurance Services

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437123017754

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

B. Braden, Victoria, J., ,

Mailing Address 3875 Johns Creek Parkway, Suite C

City

Suwanee

State

GA

Zip Code

30024-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Braden Benefit Strategies, Inc

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437201917754

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

C. Pendergraft, Ross, W., ,

Mailing Address 21820 Burbank Blvd,
North Building, Suite 300

City

Woodland Hills

State

CA

Zip Code

91367-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Leavitt Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437363417754

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

595.00

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

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

FOR LINE NUMBER: PAGE 14 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Smith, David, C., ,

Mailing Address 915 Englewood Avenue

City
Durham

State
NC

Zip Code
27701-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ebenconcepts Company

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437474517754

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

B. Starks, Eugene, , ,

Mailing Address 613 Crescent Circle
Suite 201

City
Ridgeland

State
MS

Zip Code
39157-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benefit Administration Services, Ltd.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437603117754

Amount of Each Receipt this Period

135.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Bechtold, Annette, , ,

Mailing Address 200 Galleria Pkwy SE
Ste 1950

City
Atlanta

State
GA

Zip Code
30339-5946

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 ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437671117754

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

555.00

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

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

FOR LINE NUMBER: PAGE 15 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Drysdale, Sam, , ,

Mailing Address P.O. Box 8222

City
Springfield

State
MO

Zip Code
65801-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Health Plans

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR437733417754

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Petersen, Benjamin, Lee, ,

Mailing Address PO Box 971

City
Ridgefield

State
WA

Zip Code
98642-0971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Nora Group

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Transaction ID : PR492528817754

Amount of Each Receipt this Period

242.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

542.00

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

10629.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Way

City
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	8

FEC Identification Number

C

Transaction ID : 11757541

Amount of Each Disbursement this Period

247.05

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

FEC Identification Number

C

Transaction ID : 11757542

Amount of Each Disbursement this Period

939.96

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1187.01

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

1187.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Handel for Congress, Inc.

Mailing Address 4010 OLD MILTON PKWY

City
ALPHARETTAState
GAZip Code
30005Purpose of Disbursement
1/11 Local Reception

011

Category/
Type

Candidate Name

Handel, Karen, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	8		

FEC Identification Number

C C00633362**Transaction ID : 11642786**

Amount of Each Disbursement this Period

500.00

1/11 Local Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Mailing Address 700 13TH STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
2018 Membership

011

Category/
Type

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

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	Y
0	1			0	8			2	0	1	8		

FEC Identification Number

C C00409730**Transaction ID : 11642789**

Amount of Each Disbursement this Period

5000.00

2018 Membership

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
SpokaneState
WAZip Code
99210Purpose of Disbursement
1/17 Lunch

011

Category/
Type

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C C00390476**Transaction ID : 11702083**

Amount of Each Disbursement this Period

1000.00

1/17 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2018 Membership 1/17 Dinner

011

Candidate Name

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEECategory/
Type

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	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C C00000935

Transaction ID : 11702084

Amount of Each Disbursement this Period

15000.00

2018 Membership 1/17 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MODERATE DEMOCRATS PAC

Mailing Address 303 MASSACHUSETTS AVENUE, NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
2018 Membership 1/19 Lunch

011

Candidate Name

MODERATE DEMOCRATS PACCategory/
Type

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	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C C00436022

Transaction ID : 11702085

Amount of Each Disbursement this Period

5000.00

2018 Membership 1/19 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE PETER NORBECK LEADERSHIP PAC

Mailing Address P.O Box 477

City
PierreState
SDZip Code
57501Purpose of Disbursement
1/24 Lunch

011

Candidate Name

Category/
Type

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	Y
0	1			2	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : 11704169

Amount of Each Disbursement this Period

1000.00

1/24 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2018

Mailing Address 120 MARYLAND AVENUE NE

FEC Identification Number

C C00042366

Transaction ID : 11704170

Amount of Each Disbursement this Period

15000.00

2018 Membership 1/25 Breakfast

☐ Memo ItemCity
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
2018 Membership 1/25 Breakfast

011

Category/
Type

Candidate Name

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		26		2018

Mailing Address 111-36 200th. Street

FEC Identification Number

C C00415331

Transaction ID : 11743897

Amount of Each Disbursement this Period

1000.00

1/30 Lunch

☐ Memo ItemCity
HollisState
NYZip Code
11412Purpose of Disbursement
1/30 Lunch

011

Category/
Type

Candidate Name

Clarke, Yvette, D., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 09

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

16000.00

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

43500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rose, Mark, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2018

Mailing Address 11225 SE 6 Th St
Suite 110City
BellevueState
WAZip Code
98004-6478Purpose of Disbursement
Mistaken Recurring Contribution

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 11642791

Amount of Each Disbursement this Period

3230.00

Mistaken Recurring Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3230.00

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

3230.00