

**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 M / D 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 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  
04 01 2018

through

M M M / D D D / Y Y Y Y Y Y  
04 30 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 M / D D D / Y Y Y Y Y Y  
05 07 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  
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">340873.40</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">359257.77</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">52979.50</span>	<span style="border: 1px solid black; padding: 2px;">245201.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">412237.27</span>	<span style="border: 1px solid black; padding: 2px;">586074.40</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">35135.76</span>	<span style="border: 1px solid black; padding: 2px;">210972.89</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">377101.51</span>	<span style="border: 1px solid black; padding: 2px;">375101.51</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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 Y  
 04 / 01 / 2018

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2018
**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).....

26931.00

112057.00

(ii) Unitemized .....

24048.50

131144.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

50979.50

243201.00

(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) .....

50979.50

243201.00

## 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.....

2000.00

2000.00

## 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)) .....

52979.50

245201.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

52979.50

245201.00

# **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 .....	1545.76	7026.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1545.76	7026.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	200500.00
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 .....	90.00	3446.00
(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)).....	90.00	3446.00
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)) ..	35135.76	210972.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35135.76	210972.89

**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) .....	50979.50	243201.00
34. Total Contribution Refunds (from Line 28(d)) .....	90.00	3446.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50889.50	239755.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1545.76	7026.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1545.76	7026.89

# **SCHEDULE 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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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

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2018

**Transaction ID : 11873231**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Musser, Ray, M., ,**

Mailing Address 404 North Second Avenue, Suite E

City

Upland

State

CA

Zip Code

91786-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ray Musser & Associates Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2018

**Transaction ID : 11873239**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Wakamoto-Lee, Sue, , ,**

Mailing Address 6386 Sussex Ct

City

Dublin

State

CA

Zip Code

94568-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Benefits Advisor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2018

**Transaction ID : 11873244**

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)..... ►

427.00

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

Use separate schedule(s)  
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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. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City  
Helotes

State  
TX

Zip Code  
78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Family of Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2018

**Transaction ID : 11873246**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Warwick, John, L., ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2018

**Transaction ID : 11873742**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Schneider, Chad, P., ,**

Mailing Address 848 W. Eastman St.  
STE 104

City  
Chicago

State  
IL

Zip Code  
60642-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jellyvision

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2018

**Transaction ID : 11873867**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00

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

Use separate schedule(s)  
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(check only one)

☒ 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. Gwin, David, R., ,**

Mailing Address 107 Ashley Hall Road

City  
Columbia

State  
SC

Zip Code  
29229-9179

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2018

**Transaction ID : 11910549**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Casinelli, Patrick, , ,**

Mailing Address 450 B St # 1800

City  
San Diego

State  
CA

Zip Code  
92101-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavignac & Associates

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2018

**Transaction ID : 11910552**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Darling, Kimberly, A., ,**

Mailing Address 300 Spectrum Center Drive  
Suite 400

City  
Irvine

State  
CA

Zip Code  
92618-4989

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Competitive Health, Inc.

Occupation (for Individual)  
CEO and Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2018

**Transaction ID : 11910567**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1148.00



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

Use separate schedule(s)  
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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. Hepscher, William, , ,**

Mailing Address 38176 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 Drugstore

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2018

Transaction ID : 11914130

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Gussin, Craig, , ,**

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 ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2018

Transaction ID : 11914131

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Rianhard, R. Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City  
Baltimore

State  
MD

Zip Code  
21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2018

Transaction ID : 11914141

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

370.00

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

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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. Sklar, Erika, , ,**

Mailing Address 1415 Walton Blvd

City  
Rochester Hills

State  
MI

Zip Code  
48309-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Crawford Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : 11914285**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Webb, Charles, A., ,**

Mailing Address 2670 Electric Rd

City  
Roanoke

State  
VA

Zip Code  
24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : 11914287**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St  
Suite 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : 11914289**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

398.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 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. Holland, Robert, V., ,**

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

Transaction ID : 11914294

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Pendorf, Paul, , ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2018

Transaction ID : 11914389

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Bremer, Emily, Black, ,**

Mailing Address 8000 Bonhomme Ave., # 213

City

Saint Louis

State

MO

Zip Code

63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bremer Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2018

Transaction ID : 11914393

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

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

448.00

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

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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. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2018

**Transaction ID : 11914404**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Jennings, Julie, A., ,**

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City  
Dartmouth

State  
MA

Zip Code  
02747-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sylvia & Co. Ins. Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2018

**Transaction ID : 11914407**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Deagle, Michael, P., ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2018

**Transaction ID : 11914411**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

410.00

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

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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. 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 ▼

465.00

Date of Receipt

MM / DD / YYYY  
04 / 08 / 2018

**Transaction ID : 11914412**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Schwartz, Matt, B., ,**

Mailing Address 2950 Breckenridge Lane, Suite 8

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 ▼

340.00

Date of Receipt

MM / DD / YYYY  
04 / 08 / 2018

**Transaction ID : 11914416**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Buyalos, Joseph, W., ,**

Mailing Address 9713 Key West Ave, Suite 401

City

Rockville

State

MD

Zip Code

20850-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Insurance Exchange, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
04 / 08 / 2018

**Transaction ID : 11914420**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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

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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. Buffington, Tammy, , ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2018

Transaction ID : 11914430

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. O'Connell, Daniel, J., ,**

Mailing Address 5080 Spectrum Dr  
Suite 1200E

City  
Addison

State  
TX

Zip Code  
75001-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Next Level Insurance Agency

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2018

Transaction ID : 11914446

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Nigro, Samuel, , ,**

Mailing Address PO Box 697

City  
Elkhorn

State  
NE

Zip Code  
68022-0697

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2018

Transaction ID : 11914447

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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

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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. Fisher, Erin, B., ,**

Mailing Address 131-6 Courtland Avenue

City  
Stamford

State  
CT

Zip Code  
06902-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Find Medicare Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2018

**Transaction ID : 11914448**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Sterner, Heidi, J., ,**

Mailing Address 7881 W Charleston Blvd Suite 140

City  
Las Vegas

State  
NV

Zip Code  
89117-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group Benefits Services

Occupation (for Individual)  
Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2018

**Transaction ID : 11914762**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. McLaughlin, Kenneth, , ,**

Mailing Address 1001 Elm Street, Suite 301

City  
Manchester

State  
NH

Zip Code  
03101-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Granite Group Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2018

**Transaction ID : 11914766**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

1115.00

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

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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. Journey, Gary, , ,**

Mailing Address 16545 Village Drive, Bldg B

City  
Jersey Village

State  
TX

Zip Code  
77040-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kainos Partners Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2018

**Transaction ID : 11914767**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Gertz, Josh, , ,**

Mailing Address 353 N Clark Street

City  
Chicago

State  
IL

Zip Code  
60654-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliant/Mesirow Insurance Services

Occupation (for Individual)  
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

**Transaction ID : 11951771**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Johnson, David, S., ,**

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

**Transaction ID : 11951778**

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)..... ►

270.00



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

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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. Bjork, John, C., ,**

Mailing Address 1033 North Skokie Blvd  
Ste 210

City  
Northbrook

State  
IL

Zip Code  
60062-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bjork Group, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2018

**Transaction ID : 11952120**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Way, Steven, H., ,**

Mailing Address 204 Clyde Drive

City

Walnut Creek

State

CA

Zip Code

94598-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Way Financial

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  
04 / 12 / 2018

**Transaction ID : 11952131**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Smith, Lois, A., ,**

Mailing Address 1973 Oak Tree Cv

City

Hernando

State

MS

Zip Code

38632-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LS&Associates

Occupation (for Individual)  
Co-Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2018

**Transaction ID : 11952157**

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**

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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. Green, J. J., , ,**

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Primark, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 13 / 2018

**Transaction ID : 11952668**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Allard, Terry, , ,**

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)

The Wilson Agency, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

04 / 13 / 2018

**Transaction ID : 11952670**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

**C. Blakely, Russ, , ,**

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 ▼

340.00

Date of Receipt

04 / 13 / 2018

**Transaction ID : 11952679**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

285.00

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

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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. Daugherty, Cathy, M., ,**

Mailing Address 1122 East Lincoln Avenue  
Suite 203

City  
Orange

State  
CA

Zip Code  
92865-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bridge Port Benefits

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : 11952680

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Schiebel, Al, C., ,**

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : 11952681

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

**C. Grava, A. Andra, , ,**

Mailing Address 40 E. McDermott

City  
Allen

State  
TX

Zip Code  
75002-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The DI Center

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : 11952683

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

300.00

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

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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. Evans, Joseph, M., ,

Mailing Address 4920 Pleasant St.  
Suite 3

City

West Des Moines

State

IA

Zip Code

50266-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colonial Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : 11952688

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Smith, Michael, David, ,

Mailing Address 233 West Main Street

City

Lewisville

State

TX

Zip Code

75057-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Brokerage, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2018

Transaction ID : 11991501

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Denz, Stephanie, , ,

Mailing Address 1100 Wild Ginger Lane

City

Fleming Island

State

FL

Zip Code

32003-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Marketing Director

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2018

Transaction ID : 11991512

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  
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(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. Hopwood, Kymberly, J., ,**

Mailing Address 431 Bloomfield Court

City  
Brentwood

State  
CA

Zip Code  
94513-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dealey, Renton & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2018

**Transaction ID : 11991520**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Hain, Erica, R., ,**

Mailing Address 1995 Point Township Drive

City  
Northumberland

State  
PA

Zip Code  
17857-8856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Insurers Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2018

**Transaction ID : 11991521**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Manning, Richard, K., ,**

Mailing Address 10315 Woodley Avenue, #131

City  
Granada Hills

State  
CA

Zip Code  
91344-6953

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Accessible Health Insurance Services.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2018

**Transaction ID : 11991525**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

270.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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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. Brummitt, Robert, B., ,

Mailing Address 755 Falcon Lane  
Suite 200City  
CoppellState  
TXZip Code  
75019-4160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AG Insurance AgenciesOccupation (for Individual)  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2018

Transaction ID : 11991528

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Zavala, Tony, , ,

Mailing Address 4814 Cranbrook Dr E

City  
ColleyvilleState  
TXZip Code  
76034-4359FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

Transaction ID : 11991549

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Owens, David, Patrick, ,

Mailing Address 101 Eisenhower Parkway  
Second FloorCity  
RoselandState  
NJZip Code  
07068-1032FEC 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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

Transaction ID : 11991555

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

160.00

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

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

Use separate schedule(s)  
for each category of the  
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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. Bergstrom, Christian, , ,**

Mailing Address 300 1st Avenue South,#500

City

Saint Petersburg

State

FL

Zip Code

33701-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wallace Welch & Willingham, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

**Transaction ID : 11991556**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Gay, Chad, , ,**

Mailing Address 812 Comer Circle

City

Vestavia

State

AL

Zip Code

35216-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cahaba Benefits Group

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  
04 / 16 / 2018

**Transaction ID : 11991563**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Shields, Jordan, D, ,**

Mailing Address 1 Willowbrook Ct., #230

City

Petaluma

State

CA

Zip Code

94954-6551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arrow Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

**Transaction ID : 11991607**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1585.00

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

Use separate schedule(s)  
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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. Tompkins, Daniel, R., ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

**Transaction ID : 11991616**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Fusco, Joan, A., ,**

Mailing Address 25B Hanover Rd., Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

**Transaction ID : 11991617**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Ober, Sue, M., ,**

Mailing Address 3000 NW Stucki Pl.  
Ste 230E

City  
Hillsboro

State  
OR

Zip Code  
97124-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sue Ober & Associates, LLC

Occupation (for Individual)  
Broker

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  
04 / 17 / 2018

**Transaction ID : 11991622**

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)..... ►

550.00



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

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(check only one)

☒ 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. Fitzgerald, Robert, Mark, ,**

Mailing Address 675 N. Highland Ave NE  
 # 427

City  
 Atlanta

State  
 GA

Zip Code  
 30306-4685

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Robert Fitzgerald Insurance Agency, In

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2018

Transaction ID : 11992343

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Crosby, Neil, R., ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2018

Transaction ID : 11992346

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Farrell, Jennifer, Liane, ,**

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 &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2018

Transaction ID : 11992354

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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

Use separate schedule(s)  
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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. Griffey, Don, R., ,**

Mailing Address 56294 Prim Rose Circle

City  
Elkhart

State  
IN

Zip Code  
46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hailey-Campbell, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2018

**Transaction ID : 11992355**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Sullivan, Brian, T., ,**

Mailing Address 2420 Little Creek Circle

City

Newbury Park

State

CA

Zip Code

91320-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Market Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2018

**Transaction ID : 11992566**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Davis, Brad, , ,**

Mailing Address 509 Bush Street

City

Woodland

State

CA

Zip Code

95695-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WSR Insurance Services

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  
04 / 18 / 2018

**Transaction ID : 11992617**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1530.00

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

Use separate schedule(s)  
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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. Friedman, Peter, A., ,**

Mailing Address PO Box 5125

City  
Culver City

State  
CA

Zip Code  
90231-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedman & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2018

**Transaction ID : 12030273**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Pittman, Joseph, E., ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2018

**Transaction ID : 12030282**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Matznick, Michael, E., ,**

Mailing Address 3150 N. Elm Street  
Suite 201

City  
Greensboro

State  
NC

Zip Code  
27408-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EbenConcepts Company

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  
04 / 19 / 2018

**Transaction ID : 12030317**

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)..... ►

212.00

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

Use separate schedule(s)  
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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. Singleton, Terry, , ,**

Mailing Address 1773 Owasco Street

City  
Winter Springs

State  
FL

Zip Code  
32708-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sihle Insurance Group

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2018

**Transaction ID : 12030765**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Cagliola, David, A., ,**

Mailing Address 1550 Liberty Ridge Drive  
Suite 250

City  
Chesterbrook

State  
PA

Zip Code  
19087-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radnor Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2018

**Transaction ID : 12030771**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Henry, Thomas, L., ,**

Mailing Address 19310 Sonoma Highway, #A

City  
Sonoma

State  
CA

Zip Code  
95476-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RealCare Insurance Marketing, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2018

**Transaction ID : 12030772**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 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. Wild, Trei, , ,

Mailing Address 3724 Hearst Castle Way

City  
Plano

State  
TX

Zip Code  
75025-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protect Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2018

Transaction ID : 12030776

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Lindsay, Robert, , ,

Mailing Address 220 Emerson Place

City  
Davenport

State  
IA

Zip Code  
52801-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthur J. Gallagher & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2018

Transaction ID : 12030788

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Olson, Charles, , ,

Mailing Address 17445 Arbor St Ste 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2018

Transaction ID : 12030791

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

185.00

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

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

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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. Kohn, William, , ,**

Mailing Address 2211 NE 36th Avenue Suite

City

Lighthouse Point

State

FL

Zip Code

33064-7577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Florida Health Agency

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2018

**Transaction ID : 12030794**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Wilson, Thomas, R., ,**

Mailing Address 701 Lamar

City

Wichita Falls

State

TX

Zip Code

76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030799**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

**C. Knight, Ronald David, , ,**

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

J. Smith Lanier & Co., Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030800**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

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

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

340.00

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

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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. Kohlsdorf, Eric, , ,**

Mailing Address 1501 Ingersoll Ave  
Suite 200

City  
Des Moines

State  
IA

Zip Code  
50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prisma Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030801**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Ackerman, Mark, K., ,**

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Management Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030810**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Berger, Stephanie, , ,**

Mailing Address 79 Daily Dr #276

City  
Camarillo

State  
CA

Zip Code  
93010-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative Insurance Solutions

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  
04 / 23 / 2018

**Transaction ID : 12030813**

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)..... ►

200.00

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

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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. Gennaro, Jeffrey, Wm., ,**

Mailing Address 3820 W Happy Valley Rd  
Ste 141, PMB 606

City  
Glendale

State  
AZ

Zip Code  
85310-3292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capitol Insurance Brokers, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030815**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Hebert, Hedy, S., ,**

Mailing Address 390 Plaza Loop.

City

Bossier City

State

LA

Zip Code

71111-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030816**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Rash, Susan, Maley, ,**

Mailing Address 2108 West Laburnum Avenue, Suite 3

City

Richmond

State

VA

Zip Code

23227-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BB&T Benefit Consultants of Virginia,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030823**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

290.00



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

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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. Rice, Russell, Lee, ,**

Mailing Address 8000 IH-10 West, # 715

City  
San Antonio

State  
TX

Zip Code  
78230-3880

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030826**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Strong, Cameron, F., ,**

Mailing Address 2565 Dexter Ave. N  
# 502

City  
Seattle

State  
WA

Zip Code  
98109-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030828**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030830**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

265.00

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

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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. Thal, Harry, P., ,**

Mailing Address 11006 Kernville Rd. #1

City  
Kernville

State  
CA

Zip Code  
93238-9765

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030837**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Copeland, Bob, , ,**

Mailing Address 700 Larkspur Landing Circle, Suite

City  
Larkspur

State  
CA

Zip Code  
94939-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030847**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Griffey, Patricia, A., ,**

Mailing Address 56294 Primrose Circle

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030852**

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)..... ►

270.00

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

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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. Howard, Michelle, S., ,**

Mailing Address 2850 West Grand Boulevard

City  
Detroit

State  
MI

Zip Code  
48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030854**

Amount of Each Receipt this Period

85.00

☐ 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 ▼

1660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030856**

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**C. Tierney, Robert, J., ,**

Mailing Address 830 N Main St  
STE 200

City  
Meridian

State  
ID

Zip Code  
83642-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : 12030871**

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)..... ►

542.00

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

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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. **Lago, Julian, E., ,**

Mailing Address 609 Manatee Bay Drive

City

Boynton Beach

State

FL

Zip Code

33435-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benezon LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

Transaction ID : 12030874

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. **Wright, Dennis, E., ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2018

Transaction ID : 12031040

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. **Lee, William, Eric, ,**Mailing Address 25 Knight Boxx Rd  
APT. 5103

City

Orange Park

State

FL

Zip Code

32065-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMN Nurse Choice

Occupation (for Individual)

Executive Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2018

Transaction ID : 12031051

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

255.00

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

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

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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. Hill, Donna, D., ,**

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2018

**Transaction ID : 12031063**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. GRACYALNY, BRIAN, JOSEPH, ,**

Mailing Address 112 N UNIVERSITY RD  
SUITE 206

City

SPOKANE VALLEY

State

WA

Zip Code

99206-5295

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALL MEDICARE SOLUTIONS LLC

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2018

**Transaction ID : 12031074**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Gahringer, Mark, E., ,**

Mailing Address 518 N. Wenatchee Avenue

City

Wenatchee

State

WA

Zip Code

98801-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Martin Morris Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2018

**Transaction ID : 12031081**

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)..... ►

700.00

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

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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. Reents, Joni, Robin, ,

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2018

Transaction ID : 12031108

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Sokol, David, , ,

Mailing Address 901 Wilshire Drive  
Suite 300

City  
Troy

State  
MI

Zip Code  
48084-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilshire Benefits Group Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2018

Transaction ID : 12031110

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Fender, Marcia, A., ,

Mailing Address 5801 East 41st Street, Suite 711

City  
Tulsa

State  
OK

Zip Code  
74135-5629

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2018

Transaction ID : 12031700

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1255.00

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

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

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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 ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031755

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Morrison, James, M., ,

Mailing Address 6096 Innovation Way

City  
Carlsbad

State  
CA

Zip Code  
92009-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morrison Insurance Services, Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031756

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Phillips, Stephanie, A., ,

Mailing Address 11100 Mead Rd, Ste 300

City  
Baton Rouge

State  
LA

Zip Code  
70816-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031757

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

169.00

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

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

Use separate schedule(s)  
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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. Dinkel, Matthew, Kim, ,**

Mailing Address 13700 Six Mile Cypress

City

Fort Myers

State

FL

Zip Code

33912-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alan Williams & Associates Insurance A

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

**Transaction ID : 12031761**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Wilson, Steven, L., ,**

Mailing Address 1151 Red Mile Road

City

Lexington

State

KY

Zip Code

40504-2649

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

**Transaction ID : 12031765**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Crouch, Deborah, A., ,**

Mailing Address 901 Lodi Street

City

Syracuse

State

NY

Zip Code

13203-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Falcone Associates, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

186.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

**Transaction ID : 12031771**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

182.00



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

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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. 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031776

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Sale, Raymer, M., ,

Mailing Address 2905 Premiere Parkway  
Suite 285City  
DuluthState  
GAZip Code  
30097-5246FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031778

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Watson, Craig, , ,

Mailing Address P O Box 879

City  
GastoniaState  
NCZip Code  
28053-0879FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Watson Insurance Agency, IncOccupation (for Individual)  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031787

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

215.00

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

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

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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. Kite, Karen, D., ,**

Mailing Address 1414 Franklin Road SW, Suite 2

City

Roanoke

State

VA

Zip Code

24016-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D&S Agency

Occupation (for Individual)

Carrier Liaison Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 26 / 2018

**Transaction ID : 12031789**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Goldmann, Donald, W., ,**

Mailing Address 8502 East Chapman Ave.  
Suite 168

City

Orange

State

CA

Zip Code

92869-2461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

04 / 26 / 2018

**Transaction ID : 12031790**

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**C. Wheeler, Daniel, T., ,**

Mailing Address 4775 East 91st St., # 200  
Southern Woods Park

City

Tulsa

State

OK

Zip Code

74137-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HUB International Mid-America

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 26 / 2018

**Transaction ID : 12031808**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1515.00

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

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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. Reaves, Jack, D, ,

Mailing Address 3501 Birchwood Lane

City  
Richardson

State  
TX

Zip Code  
75082-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reaves Insurance Agency

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  
04 / 26 / 2018

Transaction ID : 12031815

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. (Wooden) Lovincey, Rebecca, L., ,

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)  
AIMEA Insurance, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12031828

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Rood, Laurie, Y., ,

Mailing Address 601 University Ave  
# 250

City  
Sacramento

State  
CA

Zip Code  
95825-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefits Done Right, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : 12032275

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1130.00

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

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

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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. Underhill, Elizabeth, J., ,**

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032281**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Reddy, Michael, S., ,**

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 Insurance & Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032285**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Bechtold, Annette, , ,**

Mailing Address 148 Stone Cliff Trace

City  
Cleveland

State  
GA

Zip Code  
30528

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 ▼

383.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032286**

Amount of Each Receipt this Period

47.00

☐ Memo Item

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

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

217.00

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

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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. Mordo, David, , ,**

Mailing Address 15 West Main St, Route 520

City  
Holmdel

State  
NJ

Zip Code  
07733-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SlatteryGA, A division of Arthur J. Ga

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032289**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Booth, Neil, A., ,**

Mailing Address 23901 Calabasas Road, Suite 2014

City  
Calabasas

State  
CA

Zip Code  
91302-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Marketing Administrators INC

Occupation (for Individual)  
Broker & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032293**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Johnson, Suzanne, K., ,**

Mailing Address 5955 Carnegie Blvd Suite 150

City  
Charlotte

State  
NC

Zip Code  
28209-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefit Advisors of the Carol

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

**Transaction ID : 12032296**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

190.00

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

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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. Johnson, Judy, Anne, ,

Mailing Address 5581 N Barrasca Ave

City  
TucsonState  
AZZip Code  
85750-6495FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcareOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

Transaction ID : 12032297

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Meredith, Griffin, , ,

Mailing Address 550 S 5th St Unit 303

City  
LouisvilleState  
KYZip Code  
40202-4309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Insurance PartnersOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

Transaction ID : 12032306

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Starr, Gwyn, M., ,

Mailing Address 27777 Franklin Rd, Ste 1300

City  
SouthfieldState  
MIZip Code  
48034-8282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PriorityHealthOccupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

Transaction ID : 12032308

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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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. Nezat, Ron, J., ,**

Mailing Address PO Box 91180

City  
Lafayette

State  
LA

Zip Code  
70509-1180

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Global Financial Resources, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

Transaction ID : 12032313

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Ritter, Daniel, , ,**

Mailing Address 122 Parish Drive, Suite 1

City  
Wayne

State  
NJ

Zip Code  
07470-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stratford Financial Group, Inc.

Occupation (for Individual)  
Agent

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  
04 / 27 / 2018

Transaction ID : 12032331

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Selinsky, Steven, , ,**

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 ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

Transaction ID : 12032341

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

670.00

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

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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. Lawson, Tonda, , ,**

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 ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

Transaction ID : 12032346

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Underhill, Charles, E., ,**

Mailing Address PO Box 626

City

Woodland Hills

State

CA

Zip Code

91365-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Underhill Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

Transaction ID : 12032348

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Childers, Russell, B., ,**

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

Transaction ID : 12032350

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

238.00



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

Use separate schedule(s)  
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(check only one)

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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. Hoffman, Crystal, , ,**

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 ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032352**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Stearns, Candius, Michelle, ,**

Mailing Address 3290 W Big Beaver Rd  
Ste 503

City  
Troy

State  
MI

Zip Code  
48084-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride/DFB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032357**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Currier, Craig, Thomas, ,**

Mailing Address 11213 Davenport St.  
Ste. 201

City  
Omaha

State  
NE

Zip Code  
68154-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aon Risk Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032367**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

270.00

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

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

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(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. Smith, Paul, E., ,**

Mailing Address 100 Queen Street

City  
Southington

State  
CT

Zip Code  
06489-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paul E Smith Insurance, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032372**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Ragusa, Ruth, Ferry, ,**

Mailing Address 9029 Jefferson Highway  
Suite D 250

City  
New Orleans

State  
LA

Zip Code  
70123-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fleurins

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032374**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Blackford, Stephen, I., ,**

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 ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2018

**Transaction ID : 12032385**

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)..... ►

260.00

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

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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. Bull, Lynn, M., ,**

Mailing Address P O Box 3277

City  
Turlock

State  
CA

Zip Code  
95381-3277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winton-Ireland Insurance Agency, Inc.

Occupation (for Individual)  
Benefits Dept. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

**Transaction ID : 12035015**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$30.00 This changes the YTD Total to \$30.00

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

**B. Tolbert, Margaret, S., ,**

Mailing Address 6501 Peake Rd Bld 950

City  
Macon

State  
GA

Zip Code  
31210-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tolbert & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : 12035016**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$60.00 This changes the YTD Total to \$120.00

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

**C. Schreder, Lynn, M., ,**

Mailing Address 130 North 25th Street

City  
Fort Dodge

State  
IA

Zip Code  
50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR433076118351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

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

100.00

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

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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. Brown, Madeleine, , ,

Mailing Address P.O. Box 1490,

City  
Jackson

State  
MS

Zip Code  
39215-1490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher Brown Bottrell Insurance, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433118918351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. McFerrin, Dwane, C., ,

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433168118351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Brittain, Jennifer, , ,

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 ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433214318351

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

212.00

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

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

Use separate schedule(s)  
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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. Vetter, Leah, M., ,

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

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433302718351

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Thams, Todd, , ,

Mailing Address 1209 Broadway

City

Denison

State

IA

Zip Code

51442-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Thams Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433308318351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Spleet, Michael, , ,

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR433316618351

Amount of Each Receipt this Period

95.00

☐ Memo Item

P/R Deduction (\$95.00 Monthly)

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

210.00

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

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

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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. Watts, Jessica, J., ,**

Mailing Address 401 Congress Ave

City  
Austin

State  
TX

Zip Code  
78701-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance

Occupation (for Individual)  
VP, Benefits Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR433425118351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Willison, Clover Denise, , ,**

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)  
Willison Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR433468618351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Levit, Donald, , ,**

Mailing Address 5120 Woodway Dr Suite 10023

City  
Houston

State  
TX

Zip Code  
77056-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Prosperity Life and Health In

Occupation (for Individual)  
Co-founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR433679118351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

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

285.00

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

Use separate schedule(s)  
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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. Trautwein, Janet, , ,**

Mailing Address 1212 New York Ave. NW, Ste 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436821418351**

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. Berman, David, A, ,**

Mailing Address 8805 Sawleaf Road

City  
Indianapolis

State  
IN

Zip Code  
46260-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Neace Lukens Holding Company, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436829718351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Cociu, Dorothy, M., ,**

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 ▼

415.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436844618351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

340.00



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

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

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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. Swayne, Tom, , ,**

Mailing Address PO Box 31029

City  
Charleston

State  
SC

Zip Code  
29417-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

David M. Gilston Insurance Agency, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436853718351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. Wilson, Paula, L., ,**

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 ▼

340.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436873518351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Booth, Tonya, S., ,**

Mailing Address 1801 Gateway Blvd.  
Suite 200

City  
Richardson

State  
TX

Zip Code  
75080-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Upshaw Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR436911018351**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

227.00



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

Use separate schedule(s)  
for each category of the  
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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. Cason, Louie, L., ,**

Mailing Address PO Box 11229

City  
Columbia

State  
SC

Zip Code  
29211-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Cason Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR436934818351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Stenger, James, R., ,**

Mailing Address 8926 Crown Colony Boulevard

City  
Fort Myers

State  
FL

Zip Code  
33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVS Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR436939918351**

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

**C. Seifert, Gregory, J., ,**

Mailing Address P.O. Box 189  
916 Main Street

City  
Vancouver

State  
WA

Zip Code  
98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
West Coast Ins Services dba Biggs Ins

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR436941618351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

340.00

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

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

FOR LINE NUMBER: PAGE 58 OF 79

(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. Holland, Robert, V., ,**

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 ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR436961718351

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Parker, John, C., ,**

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR436986818351

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Phillips, Paige, W., ,**

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)  
AWM, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR436993018351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 59 OF 79

(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. Fristoe, Kelly, Don, ,**

Mailing Address 807 8th Street, Suite 300

City  
Wichita Falls

State  
TX

Zip Code  
76301-3317

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437002318351**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Gray, Michael, D., ,**

Mailing Address 233 South 13th Street, Suite 1650

City  
Lincoln

State  
NE

Zip Code  
68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437016718351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Olson, Terri, M., ,**

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437070218351**

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

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

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

195.00

# **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. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2018

**Transaction ID : PR437076118351**

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

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

**B. Lopez, Juan, R., ,**

Mailing Address 22431 Antonio Pkwy  
Suite B160-420

City

Rancho Santa Margarita

State  
CA

Zip Code  
92688-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2018

**Transaction ID : PR437079018351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Koehler, Linda Rose, , ,**

Mailing Address 235 Main Street

City

Pleasanton

State  
CA

Zip Code  
94566-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Herzog Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2018

**Transaction ID : PR437090118351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

254.00

# 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. Henehan, Joseph, E., ,

Mailing Address 685 Carnegie Dr., Ste. #205

City  
San Bernardino

State  
CA

Zip Code  
92408-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Henehan Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437097918351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. MCEVILLY, BRIAN, J., ,

Mailing Address 4455 S. Pecos Rd.

City  
Las Vegas

State  
NV

Zip Code  
89121-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLB Insurance Group of Nevada

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437117718351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Roberts, Joseph, K., ,

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437118018351

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

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

340.00

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

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

FOR LINE NUMBER: PAGE 62 OF 79

(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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437123018351**

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. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437201918351**

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. Wilson, Lon, G., ,**

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 & Company, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437204318351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

505.00

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

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

FOR LINE NUMBER: PAGE 63 OF 79

(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. Garbina, James, S., ,**

Mailing Address 14010 FNB Pkwy Ste 300

City  
Omaha

State  
NE

Zip Code  
68154-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437212218351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Cooper, Catherine, L., ,**

Mailing Address 39500 High Pointe Blvd., Suite 400

City  
Novi

State  
MI

Zip Code  
48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Administrators

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437218318351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Toups, Jennifer, L., ,**

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437270518351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

255.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 79

☒ 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. Summers, James, F., ,**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437281018351**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

**B. Jensen, Cerrina, , ,**

Mailing Address 2520 Venture Oaks Way #240

City

Sacramento

State

CA

Zip Code

95833-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CoreMark Insurance Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437391218351**

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. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City

Helotes

State

TX

Zip Code

78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Family of Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437397718351**

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)..... ►

205.00



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

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

FOR LINE NUMBER: PAGE 65 OF 79

(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. Cramer, Valerie, Lynn, ,**

Mailing Address 588 - 3 Mile Road, NW  
Suite 101

City  
Grand Rapids

State  
MI

Zip Code  
49544-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TGG Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437416418351**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. 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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437474518351**

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

**C. Rider, Susan, M., ,**

Mailing Address 803 Touralosa Dr

City

Westfield

State

IN

Zip Code

46074-7303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory & Appel Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437510718351**

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

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

333.00

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

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

FOR LINE NUMBER: PAGE 66 OF 79

(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. Stedt, Margaret, Evelyn, ,**

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 ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437529918351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Waller, Doris, , ,**

Mailing Address 1778 N. Plano Rd.  
Suite 310

City

Richardson

State

TX

Zip Code

75081-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pan-American Life Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437591518351

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Robinson, Judith, L., ,**

Mailing Address P O Box 10071

City

Tyler

State

TX

Zip Code

75711-0071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CFG Insurance

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437594118351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

212.00

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 67 OF 79

(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. Swinton, Ryan, R., ,

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437594918351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Burns, Patrick, , ,

Mailing Address 5653 Maxwellton Road

City  
Oakland

State  
CA

Zip Code  
94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Burns Employee Benefits Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437600518351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. 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 ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR437603118351

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

255.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. Strouse, Marcie, , ,**

Mailing Address 5550 Wild Rose Ln  
4th Floor

City  
West Des Moines

State  
IA

Zip Code  
50266-5350

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 ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437683118351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Granado, Arthur, , ,**

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437693218351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Webb, Yolanda, Marie, ,**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437705618351**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

195.00

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

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

FOR LINE NUMBER: PAGE 69 OF 79

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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. Kirsch, Cara, , ,**

Mailing Address 12027 S. 79th Avenue

City  
Papillion

State  
NE

Zip Code  
68046-4609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SilverStone Group

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR43773118351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Cade, Kareim, R., ,**

Mailing Address 28411 Northwestern Hwy., Ste 950

City  
Southfield

State  
MI

Zip Code  
48034-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great Lakes Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437778618351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Schell, Gregory, J., ,**

Mailing Address 545 South Third Street  
Suite 300

City  
Louisville

State  
KY

Zip Code  
40202-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling G. Thompson Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR437797618351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

255.00

# **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. Lupcke, Adam, , ,**

Mailing Address 600 E Lafayette Blvd.

City  
Detroit

State  
MI

Zip Code  
48226-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Michigan

Occupation (for Individual)  
Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR450744818351**

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

**B. Waltman, Jessica, Fulginiti, ,**

Mailing Address 10 Doyle Road

City  
Wayne

State  
PA

Zip Code  
19087-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forward Health Consulting

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR470100118351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Wakamoto-Lee, Sue, , ,**

Mailing Address 6386 Sussex Ct

City  
Dublin

State  
CA

Zip Code  
94568-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

302.00

Date of Receipt

04 / 30 / 2018

**Transaction ID : PR476908118351**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

190.00

# **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. 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 ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : PR492528818351**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

42.00

26931.00

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

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

FOR LINE NUMBER: PAGE 72 OF 79

(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. Ryan Costello For Congress**

Mailing Address PO Box 3154

City  
West Chester

State  
PA

Zip Code  
19381

FEC ID number of contributing  
federal political committee.

**C** C00554899

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**04** / **16** / **2018**

**Transaction ID : 11991576**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Returned Contribution

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

2000.00



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

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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

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	4			0	2			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12032596**

Amount of Each Disbursement this Period

225.32

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

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	4			3	0			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12032597**

Amount of Each Disbursement this Period

53.86

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

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

001

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	4			3	0			2	0	1	8		

FEC Identification Number

C

**Transaction ID : 12034382**

Amount of Each Disbursement this Period

1266.58

Credit Card Fees

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

1545.76

1545.76

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

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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)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Chabot For Congress**

Mailing Address 3030 Harrison Ave.

City  
CincinnatiState  
OHZip Code  
45211Purpose of Disbursement  
Local 4/15 Event

011

Candidate Name

**Chabot, Steve, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	1	8		

FEC Identification Number

**C** C00301838**Transaction ID : 11873722**

Amount of Each Disbursement this Period

1500.00

Local 4/15 Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Liz Cheney For Wyoming**

Mailing Address P. O. BOX 697

City  
CasperState  
WYZip Code  
82602Purpose of Disbursement  
4/10 Lunch

011

Candidate Name

**Cheney, Elizabeth, , Mrs.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	8		

FEC Identification Number

**C** C00607556**Transaction ID : 11914451**

Amount of Each Disbursement this Period

1000.00

4/10 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joni For Iowa**

Mailing Address PO Box 93441

City  
Des MoinesState  
IAZip Code  
50393Purpose of Disbursement  
4/10 Dinner

011

Candidate Name

**Ernst, Joni, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	8		

FEC Identification Number

**C** C00546788**Transaction ID : 11914452**

Amount of Each Disbursement this Period

1000.00

4/10 Dinner

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

3500.00

**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 75 OF 79

<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. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City  
NewtonState  
MAZip Code  
02459Purpose of Disbursement  
04/11 Breakfast

011

Category/  
Type

Candidate Name

**Kennedy, Joseph, P., Rep., III**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	8

FEC Identification Number

C C00512970

**Transaction ID : 11914453**

Amount of Each Disbursement this Period

1000.00

04/11 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City  
Oregon CityState  
ORZip Code  
97045Purpose of Disbursement  
4/11 Host Reception

011

Category/  
Type

Candidate Name

**Schrader, Kurt, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	8

FEC Identification Number

C C00446906

**Transaction ID : 11914454**

Amount of Each Disbursement this Period

3000.00

4/11 Host Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THREE RIVERS POLITICAL ACTION COMMITTEE**

Mailing Address 3321 SE 20TH AVE

City  
PortlandState  
ORZip Code  
97202Purpose of Disbursement  
4/11 Host Reception

011

Category/  
Type

Candidate Name

**THREE RIVERS POLITICAL ACTION COMMITTEE**

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	4		1	0		2	0	1	8

FEC Identification Number

C C00473116

**Transaction ID : 11914457**

Amount of Each Disbursement this Period

2000.00

4/11 Host Reception

☐ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

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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)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Linda Sanchez**Mailing Address 410 1st St Se  
Suite 310City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
4/13 Lunch

011

Category/  
Type

Candidate Name

**Sanchez, Linda, T., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 38

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		10		2018

FEC Identification Number

C C00384057

**Transaction ID : 11914462**

Amount of Each Disbursement this Period

1500.00

4/13 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. King For Congress**Mailing Address PO Box 398  
202 W 2nd StCity  
Wall LakeState  
IAZip Code  
51466Purpose of Disbursement  
4/17 Breakfast

011

Category/  
Type

Candidate Name

**King, Steve, A., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		16		2018

FEC Identification Number

C C00373563

**Transaction ID : 11991564**

Amount of Each Disbursement this Period

1000.00

4/17 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppersberger For Congress Committee**

Mailing Address PO Box 231

City  
LuthervilleState  
MDZip Code  
21094Purpose of Disbursement  
4/17 Lunch

011

Category/  
Type

Candidate Name

**Ruppersberger, C.A., Dutch, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		16		2018

FEC Identification Number

C C00376673

**Transaction ID : 11991565**

Amount of Each Disbursement this Period

2000.00

4/17 Lunch

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

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clarke For Congress**

Mailing Address 111-36 200th. Street

City  
HollisState  
NYZip Code  
11412Purpose of Disbursement  
4/17 Reception

011

Candidate Name

**Clarke, Yvette, D., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	1	8		

FEC Identification Number

**C** C00415331**Transaction ID : 11991566**

Amount of Each Disbursement this Period

2000.00

4/17 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City  
LexingtonState  
KYZip Code  
40588Purpose of Disbursement  
4/19 Local Event

011

Candidate Name

**Barr, Andy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9			2	0	1	8		

FEC Identification Number

**C** C00467571**Transaction ID : 12030286**

Amount of Each Disbursement this Period

1000.00

4/19 Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heidi For Senate**

Mailing Address PO Box 1577

City  
BismarckState  
NDZip Code  
58502Purpose of Disbursement  
4/25 Lunch

011

Candidate Name

**Heitkamp, Heidi, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	8		

FEC Identification Number

**C** C00505552**Transaction ID : 12031094**

Amount of Each Disbursement this Period

2500.00

4/25 Lunch

☐ 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 PageFOR LINE NUMBER:  
(check only one)

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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)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BLUE DOG POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2018

Mailing Address P.O. BOX 83142

City  
GAITHERSBURGState  
MDZip Code  
20883Purpose of Disbursement  
2018 Membership/ 4/26 Breakfast

011

Candidate Name

**BLUE DOG POLITICAL ACTION COMMITTEE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00305318

Transaction ID : 12031095

Amount of Each Disbursement this Period

5000.00

2018 Membership/ 4/26 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Brat Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2018

Mailing Address PO Box 5094

City  
Glen AllenState  
VAZip Code  
23058Purpose of Disbursement  
5/4 Local Breakfast

011

Candidate Name

**Brat, Dave, , Rep.,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 07

FEC Identification Number

C C00554949

Transaction ID : 12031098

Amount of Each Disbursement this Period

1000.00

5/4 Local Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Walters For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2018

Mailing Address 9070 Irvine Center Drive, #150

City  
IrvineState  
CAZip Code  
92618Purpose of Disbursement  
5/3 Local Reception

011

Candidate Name

**Walters, Mimi, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

FEC Identification Number

C C00546853

Transaction ID : 12031099

Amount of Each Disbursement this Period

1000.00

5/3 Local Reception

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

7000.00

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

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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)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mchenry For Congress**

Mailing Address PO Box 2165

City  
GastoniaState  
NCZip Code  
28053Purpose of Disbursement  
4/27 Lunch

011

Category/  
Type

Candidate Name

**McHenry, Patrick, Timothy, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	8		

FEC Identification Number

C C00393629

**Transaction ID : 12031130**

Amount of Each Disbursement this Period

2000.00

4/27 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Billy Long For Congress**

Mailing Address 3246 E Ridgeview St

City  
SpringfieldState  
MOZip Code  
65804Purpose of Disbursement  
4/26 Dinner Host

011

Category/  
Type

Candidate Name

**Long, Billy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	8		

FEC Identification Number

C C00460063

**Transaction ID : 12031800**

Amount of Each Disbursement this Period

5000.00

4/26 Dinner Host

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

7000.00

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

33500.00