

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		309635.57
(b) Cash on Hand at Beginning of Reporting Period.....	319213.15	
(c) Total Receipts (from Line 19)	47417.67	283126.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	366630.82	592761.59
7. Total Disbursements (from Line 31).....	32812.84	258943.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	333817.98	333817.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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
06 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

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).....	32482.67	145559.35
(ii) Unitemized	14935.00	128066.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	47417.67	273626.02
(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)	47417.67	273626.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9500.00
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)).....▶	47417.67	283126.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	47417.67	283126.02

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1300.84	7576.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1300.84	7576.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	251000.00
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	12.00	367.00
(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)).....	12.00	367.00
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)) ..	32812.84	258943.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32812.84	258943.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47417.67	273626.02
34. Total Contribution Refunds (from Line 28(d))	12.00	367.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47405.67	273259.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1300.84	7576.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1300.84	7576.61

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

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

FOR LINE NUMBER: PAGE 6 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Mailing Address 1000 E Walnut Street, Suite 236

City Pasadena State CA Zip Code 91106-5332

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

Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 01 / 2021
Transaction ID : 15972917

Amount of Each Receipt this Period 42.00

Memo Item

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

Mailing Address 6200 Stone Hill Farms Parkway

City Flower Mound State TX Zip Code 75028-4312

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

Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 01 / 2021
Transaction ID : 15972918

Amount of Each Receipt this Period 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Martin, M. Danny, , ,

Mailing Address 1291 Jefferson Terrace

City Macon State GA Zip Code 31201-6703

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

Name of Employer (for Individual) M. Danny Martin Occupation (for Individual) Insurance Advisor

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 01 / 2021
Transaction ID : 15972923

Amount of Each Receipt this Period 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Blum, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Coho Street
 City Madison State WI Zip Code 53713-4574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hemb Insurance Group Occupation (for Individual) Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 02 / 2021
Transaction ID : 15973942
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487-0709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 02 / 2021
Transaction ID : 15973950
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Smith, Paul, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 963 D Queen Street
 City Southington State CT Zip Code 06489-1282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paul E. Smith Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2021
Transaction ID : 15973951
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	515.00
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 8 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Fitzgerald, Robert, Mark, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2021

Transaction ID : 15974550

Amount of Each Receipt this Period
85.00

Memo Item

B. Murphy, Stacy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3080 S Jog Rd

City Greenacres	State FL	Zip Code 33467-2053
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Absolute Best Insurance	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2021

Transaction ID : 15974551

Amount of Each Receipt this Period
85.00

Memo Item

C. Dinkel, Matthew, Kim, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13700 Six Mile Cypress Pkwy

City Fort Myers	State FL	Zip Code 33912-4324
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AWA Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2021

Transaction ID : 15974554

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2021
Transaction ID : 15974557
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2021
Transaction ID : 15974558
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2021
Transaction ID : 15974764
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 15974783
 Amount of Each Receipt this Period
 170.00
 Memo Item

B. Nolimal, Frank, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 15974786
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 15974790
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 11 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Berman, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8805 Sawleaf Rd
 City Indianapolis State IN Zip Code 46260-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 06 / 05 / 2021
Transaction ID : 15975596
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Pedersen, Jill, L., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16325 Boones Ferry Rd #204
 City Lake Oswego State OR Zip Code 97035-4297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Benefit Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt
 06 / 05 / 2021
Transaction ID : 15975598
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Dillon, Michael, F., CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 Flint Street
 City Reno State NV Zip Code 89501-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dillon Health Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 06 / 05 / 2021
Transaction ID : 15975600
 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**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hausladen, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 American Blvd Suite500
 City Bloomington State MN Zip Code 55431-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 05 / 2021
Transaction ID : 15975601
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 05 / 2021
Transaction ID : 15975602
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 05 / 2021
Transaction ID : 15975604
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 13 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gussin, Craig, , CLU, LPRT,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Palomar Airport Road #260

City Carlsbad	State CA	Zip Code 92011-1047
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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 ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2021

Transaction ID : 15975605

Amount of Each Receipt this Period
100.00

Memo Item

B. Buffington, Tammy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3112 South 13th

City Lincoln	State NE	Zip Code 68502-4514
-----------------	-------------	------------------------

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

Name of Employer (for Individual) A+ Brokerage	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2021

Transaction ID : 15975608

Amount of Each Receipt this Period
85.00

Memo Item

C. Sale, Raymer, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth	State GA	Zip Code 30097-5246
----------------	-------------	------------------------

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

Name of Employer (for Individual) E2E Benefits Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2021

Transaction ID : 15975609

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Niederman, Tammy, Lyn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10042 Silver Maple Circle
 City Highlands Ranch State CO Zip Code 80129-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 15975625
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Sokol, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Drive Suite 330
 City Troy State MI Zip Code 48084-5611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilshire Benefits Group Inc Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 15975628
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Combs, Susan, L., PPACA, ChH,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Fifth Ave Ste 501
 City New York State NY Zip Code 10001-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 15975629
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	254.00
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 15 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 07 / 2021
Transaction ID : 15975649
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Frizzell, Paula, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Star Shoot Parkway Suite 170-408
 City Lexington State KY Zip Code 40509-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 07 / 2021
Transaction ID : 15975656
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

C. Galardini, Richard, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pinewood Ln Ste 301
 City Warrendale State PA Zip Code 15086-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 08 / 2021
Transaction ID : 15976264
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Theesfeld, Angela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Reunion Place # 303
 City San Antonio State TX Zip Code 78216-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Davidson Camp Insurance Services, LLC Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 08 / 2021
Transaction ID : 15976267
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 15976649
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 15976657
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.00
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 17 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sansevieri, Paul, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 641
 City Corona Del Mar State CA Zip Code 92625-0641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2021
Transaction ID : 15976658
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Deru, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 W Gordon Ave Ste 1
 City Layton State UT Zip Code 84041-2391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2021
Transaction ID : 15976659
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Touralosa Dr
 City Westfield State IN Zip Code 46074-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preventia Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2021
Transaction ID : 15976661
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.00
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 18 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8814 Fargo Road
 Suite 125
 City Richmond State VA Zip Code 23229-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 15976662
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Deagle, Michael, P., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 National Parkway
 Suite 93550
 City Schaumburg State IL Zip Code 60173-5334
 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 ▼ 1000.02

Date of Receipt 06 / 09 / 2021
Transaction ID : 15976666
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Meredith, Griffin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 S 5th St Unit 303
 City Louisville State KY Zip Code 40202-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 15976667
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.67
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 19 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Mailing Address 26 Kennedy Court

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

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

Name of Employer (for Individual) BenefitMall	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Transaction ID : 15976669

Amount of Each Receipt this Period
42.00

Memo Item

B. Kelley, Dianne, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7320 N La Cholla Blvd.
154-219

City Tucson	State AZ	Zip Code 85741-2309
----------------	-------------	------------------------

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

Name of Employer (for Individual) Sandbrook Group	Occupation (for Individual) Ins. Broker
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2021

Transaction ID : 15978023

Amount of Each Receipt this Period
63.00

Memo Item

C. McNally, Carl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Acme Road
Suite 2

City Brewer	State ME	Zip Code 04412-1543
----------------	-------------	------------------------

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

Name of Employer (for Individual) Med-A-Vision, Inc.	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2021

Transaction ID : 15979151

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
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 20 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 06 / 12 / 2021
Transaction ID : 15979152
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Knight, Ronald David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 507
 City Carrollton State GA Zip Code 30112-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh & McLennan Agency LL Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 12 / 2021
Transaction ID : 15979153
 Amount of Each Receipt this Period 85.00
 Memo Item
 Monthly Contribution

C. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17117 Oak Drive Suite D
 City Omaha State NE Zip Code 68130-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 12 / 2021
Transaction ID : 15979171
 Amount of Each Receipt this Period 85.00
 Memo Item

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: (check only one)	PAGE 21 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stewart, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West 36th Avenue
 Suite 310
 City Anchorage State AK Zip Code 99503-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RISQ Consulting Sr. Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 06 / 12 / 2021
Transaction ID : 15979180
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S. Riverside Plaza
 Suite 900
 City Chicago State IL Zip Code 60606-5975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USI Insurance Services Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 06 / 12 / 2021
Transaction ID : 15979183
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Denz, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Wild Ginger Lane
 City Fleming Island State FL Zip Code 32003-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aetna Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 06 / 13 / 2021
Transaction ID : 15979211
 Amount of Each Receipt this Period
 85.00
 Memo Item

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: (check only one)	PAGE 22 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979216
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Scholz, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979217
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979219
 Amount of Each Receipt this Period 85.00
 Memo Item

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: (check only one)	PAGE 23 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 570
 City Newport Beach State CA Zip Code 92660-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979220
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979221
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979223
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 N. Elm Street
 Suite 201
 City Greensboro State NC Zip Code 27408-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979224
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Masucci, Joseph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Rouser Road
 Building 4 Suite 401
 City Moon Township State PA Zip Code 15108-2779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979225
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 15979226
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Johnson, David, S., LUTCF,RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 14 / 2021
Transaction ID : 15979264
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Renkar, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8814 Fargo Road Suite 125
 City Richmond State VA Zip Code 23229-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 14 / 2021
Transaction ID : 15979473
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address MC 32-20 100 North Academy Avenue
 City Danville State PA Zip Code 17822-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2021
Transaction ID : 15980121
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 15 / 2021
Transaction ID : 15980125
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hynes, Bernard, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 N. Central Ave. Suite 1170
 City Phoenix State AZ Zip Code 85012-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hynes Benefits Consulting, LLC Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 16 / 2021
Transaction ID : 15980313
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 16 / 2021
Transaction ID : 15980314
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Sullivan, Audra, I., SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 N Watson Rd
Ste 287

City Arlington	State TX	Zip Code 76006-6222
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

Transaction ID : 15980316

Amount of Each Receipt this Period
42.00

Memo Item

B. Kennedy, Tamara, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9414 E Sera Bria

City Scottsdale	State AZ	Zip Code 85255-6054
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

Transaction ID : 15980320

Amount of Each Receipt this Period
85.00

Memo Item

C. Owens, David, Patrick, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Eisenhower Parkway
Second Floor

City Roseland	State NJ	Zip Code 07068-1032
------------------	-------------	------------------------

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

Name of Employer (for Individual) E.B. Cohen & Co., Inc.	Occupation (for Individual) Principal
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2021

Transaction ID : 15980322

Amount of Each Receipt this Period
85.00

Memo Item

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: (check only one)	PAGE 28 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 16 / 2021
Transaction ID : 15980323
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4020.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 15980953
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6340 South Western Ave Ste 120
 City Sioux Falls State SD Zip Code 57108-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 15980954
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 29 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tompkins, Daniel, R., JD, MBA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1720 Windward Concourse
Suite 290

City Alpharetta	State GA	Zip Code 30005-2291
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Admin America, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2021

Transaction ID : 15980955

Amount of Each Receipt this Period
85.00

Memo Item

B. Cross, Danny, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22421 Barton Rd 372

City Grand Terrace	State CA	Zip Code 92313-5008
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) D Cross Insurance Marketing Services	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2021

Transaction ID : 15980960

Amount of Each Receipt this Period
42.00

Memo Item

C. King, Colleen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8427 Beckford Ave.

City Northridge	State CA	Zip Code 91324-4208
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Colleen King Insurance Agency, Inc.	Occupation (for Individual) Founder/Owner
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2021

Transaction ID : 15980962

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wolfe, Rosanne, , RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 17236

City Tucson	State AZ	Zip Code 85731-7236
----------------	-------------	------------------------

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

Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2021

Transaction ID : 15981139

Amount of Each Receipt this Period
42.00

Memo Item

B. Villagran, Denise, S., MBA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 S Carancahua St
Ste 301

City Corpus Christi	State TX	Zip Code 78401-3042
------------------------	-------------	------------------------

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

Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2021

Transaction ID : 15981144

Amount of Each Receipt this Period
63.00

Memo Item

C. Smith, David, C., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 N. Corcoran St. #1205

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

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

Name of Employer (for Individual) EbenConcepts	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2021

Transaction ID : 15981287

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bartholomew, Rhonda, , CHRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5099

City Twin Falls	State ID	Zip Code 83303-5099
--------------------	----------	------------------------

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

Name of Employer (for Individual) HUB International	Occupation (for Individual) Group Division Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2021

Transaction ID : 15981324

Amount of Each Receipt this Period
42.00

Memo Item

B. Samuels, Cindy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8430 W Lake Mead #100

City Las Vegas	State NV	Zip Code 89128-7674
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Insurance Concepts of Nevada	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2021

Transaction ID : 15981325

Amount of Each Receipt this Period
100.00

Memo Item

C. Moore, Adrian, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7936 Covey Chase Drive

City Charlotte	State NC	Zip Code 28210-7231
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Friday Health Plans	Occupation (for Individual) Regional Sales Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2021

Transaction ID : 15981366

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.00
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 32 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mayer, Alana, Marie, ,

Mailing Address 3800 N. Central Ave
9th Floor

City Phoenix State AZ Zip Code 85012-1979

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

Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
485.00

Date of Receipt
06 / 22 / 2021
Transaction ID : 15981656

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 ▼
610.00

Date of Receipt
06 / 22 / 2021
Transaction ID : 15981658

Amount of Each Receipt this Period
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼
425.00

Date of Receipt
06 / 22 / 2021
Transaction ID : 15981663

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Whang, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51150 Washington St.
 City New Baltimore State MI Zip Code 48047-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 15981665
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City 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 ▼ 1045.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 15981666
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 15981667
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	345.00
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 34 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Five Cowboys Way
 Suite 300
 City Frisco State TX Zip Code 75034-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Svcs Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 15981668
 Amount of Each Receipt this Period 85.00
 Memo Item

B. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 15982220
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Reeves, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3702 Brownsboro Rd
 City Louisville State KY Zip Code 40207-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 15982221
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Goodman, Robert, Hiram, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 7th Avenue South
 City Birmingham State AL Zip Code 35233-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 15982224
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Griffey, Patricia, A., CSA, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56294 Primrose Cir
 City Elkhart State IN Zip Code 46516-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 15982234
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Franke, Gary, , MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Bellevue Way NE Suite 8A-545
 City Bellevue State WA Zip Code 98004-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Achieve Alpha Insurance, LLC Occupation (for Individual) Health Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 15982237
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gadinas, Kathy, M., CLTC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16325 Boones Ferry Rd., #204

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982244

Amount of Each Receipt this Period
50.00

Memo Item

B. Fisher, Erin, B., LPRT,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 Courtland Avenue

City Stamford	State CT	Zip Code 06902-3443
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medicare Consulting	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982248

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bentley, Eugene, Rand, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22391 County Road 2186

City Troup	State TX	Zip Code 75789-4900
---------------	-------------	------------------------

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

Name of Employer (for Individual) Customized Employee Benefit Plans of E	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982254

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 37 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Shepherd, Melissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1183 N. Henderson St.

City Galesburg	State IL	Zip Code 61401-2523
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982258

Amount of Each Receipt this Period
200.00

Memo Item

B. Stanley, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12712 Park Central Drive

City Dallas	State TX	Zip Code 75251-1505
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates	Occupation (for Individual) Counsel & Compliance Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982260

Amount of Each Receipt this Period
365.00

Memo Item

C. Fitzgerald, Robert, Mark, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2021

Transaction ID : 15982307

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	735.00
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 38 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Block, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Specialties, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 23 / 2021**
Transaction ID : 15982311
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Woodward, Thomas, Nathan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 West Bankhead Hwy
 City Villa Rica State GA Zip Code 30180-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westwood Agency Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 23 / 2021**
Transaction ID : 15982525
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **06 / 23 / 2021**
Transaction ID : 15982533
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 39 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Woodward, Thomas, Nathan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 West Bankhead Hwy
 City Villa Rica State GA Zip Code 30180-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westwood Agency Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982820
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kramer, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 West McKinley
 City Mishawaka State IN Zip Code 46545-5600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982827
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982829
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982830
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Tellesbo-Kemmel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Lake Bellevue, Suite 100
 City Bellevue State WA Zip Code 98005-2480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982831
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 N Shoreline Blvd Suite 410
 City Corpus Christi State TX Zip Code 78401-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982833
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982836
 Amount of Each Receipt this Period 85.00
 Memo Item

B. McConnaughey, John, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071-0805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JRM & Associates Agency, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 15982840
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Andress, Carolyn, Marie, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 Highway 34 2nd Floor
 City Wall Township State NJ Zip Code 07719-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 25 / 2021
Transaction ID : 15983478
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gwin, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1396

City Irmo	State SC	Zip Code 29063-1396
--------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern Insurance Consultants	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 06 / 25 / 2021
Transaction ID : 15983487

Amount of Each Receipt this Period
85.00

Memo Item

B. Tuthill, Glendae, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Old Greenville Rd

City Fayetteville	State GA	Zip Code 30215-5935
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Resource Seven	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 06 / 25 / 2021
Transaction ID : 15983488

Amount of Each Receipt this Period
63.00

Memo Item

C. Rice, Russell, Lee, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr

City Boerne	State TX	Zip Code 78006-5554
----------------	-------------	------------------------

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

Name of Employer (for Individual) AVESIS, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 06 / 25 / 2021
Transaction ID : 15983489

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Thal, Harry, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2137

City KERVILLE	State CA	Zip Code 93238-2137
------------------	-------------	------------------------

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

Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2021
Transaction ID : 15983491

Amount of Each Receipt this Period
 85.00

Memo Item

B. Beck, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Plaza East Blvd

City Evansville	State IN	Zip Code 47715-2870
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2021
Transaction ID : 15983493

Amount of Each Receipt this Period
 42.00

Memo Item

C. Olson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N. 203rd St, Suite 200

City Elkhorn	State NE	Zip Code 68022-3474
-----------------	-------------	------------------------

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

Name of Employer (for Individual) OCI Insurance & Financial Services	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2021
Transaction ID : 15983497

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Rasch, Tim, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19445 Westling Drive
 City Oregon City State OR Zip Code 97045-6920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 06 / 25 / 2021
Transaction ID : 15983899
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Linneman, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Rice Street Ste 200
 City Saint Paul State MN Zip Code 55113-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983932
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N Central Ave Ninth Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983936
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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 45 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gilbert, Debra, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 Mustang Drive
 Suite 200
 City Grapevine State TX Zip Code 76051-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983937
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cociu, Dorothy, M., RHU, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834-6677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983938
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983943
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tretter, Robert, C., CLU, ChFC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Health Underwr Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983944
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mann, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14727 E Red Bayberry Ct
 City Cypress State TX Zip Code 77433-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compliance Office Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983948
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jellyvision Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983949
 Amount of Each Receipt this Period 85.00
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Harris, Deborah, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1236 122nd Ave
 City Hopkins State MI Zip Code 49328-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TriFound Financial Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 06 / 26 / 2021
Transaction ID : 15983954
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hollister, Deborah, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1556
 City Stuart State FL Zip Code 34995-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983978
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Tierney, Robert, J., HDHP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Main Street, 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 ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983987
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Schwartz, Matt, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Breckenridge Lane, Suite 8A
 City Louisville State KY Zip Code 40220-1462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983992
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Brown, Carey, H., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Six Concourse Parkway Suite 2750
 City Atlanta State GA Zip Code 30328-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983995
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hill, Donna, D., FLMI,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983997
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Jennings, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Hathaway Pond Cir
 City Rochester State MA Zip Code 02770-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Association of Health Un Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15983999
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Johnson, Suzanne, K., RHU, CEBS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7621 Little Ave Suite 113
 City Charlotte State NC Zip Code 28226-8402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984001
 Amount of Each Receipt this Period 85.00
 Memo Item

c. Singleton, Terry, , REBC,CFP,C,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195579
 City Winter Springs State FL Zip Code 32719-5579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984002
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Underhill, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984004
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984005
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Goldman, Donald, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5245 Vista Blvd. #F3 Suite 266
 City Sparks State NV Zip Code 89436-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dental Health Services of America, INC Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4225.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984022
 Amount of Each Receipt this Period 2100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2270.00
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 51 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Harmon, Kelley, L., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2050 Silver Crossings Cir

City Piedmont	State OK	Zip Code 73078-4201
------------------	-------------	------------------------

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

Name of Employer (for Individual) Frates Insurance & Risk Management	Occupation (for Individual) Director of Benefits
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2021

Transaction ID : 15984024

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4337 E. 5th Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
965.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2021

Transaction ID : 15984026

Amount of Each Receipt this Period
100.00

Memo Item

C. Savas, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5462 Shirley Jean Ct

City Winston Salem	State NC	Zip Code 27105-1773
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Savas Insurance Services, Inc.	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2021

Transaction ID : 15984031

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Benkowski, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4688 W Jennifer Ave
 Ste 103
 City Fresno State CA Zip Code 93722-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984032
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Jackson, Jerry, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 N. Maplewood Ave.
 City Peoria State IL Zip Code 61606-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 15984034
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984040
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	477.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Ambro, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984041
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Danzig, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employers Committed To Control Health Occupation (for Individual) Vice President of Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984042
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984043
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
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 54 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2021
Transaction ID : 15984045
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Healy, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 S. Parker Road Suite A2-143
 City Aurora State CO Zip Code 80014-6215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trilogy Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2021
Transaction ID : 15984047
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Petersen, Benjamin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 971
 City Ridgefield State WA Zip Code 98642-0971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2021
Transaction ID : 15984051
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984054
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Gant, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 North Weinbach Avenue
 City Evansville State IN Zip Code 47711-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984056
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Cagliola, Victoria, , CPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984059
 Amount of Each Receipt this Period 85.00
 Memo Item

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: (check only one)	PAGE 56 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street
 Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984061
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott Drive
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984063
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2550 NE Douglas St
 City Lees Summit State MO Zip Code 64064-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984064
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
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 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Whaley, Vicki, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 759
 170 River Rock Rd
 City Lewiston State CA Zip Code 96052-0759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vicki Whaley Ins Svcs. Occupation (for Individual) Health Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 06 / 28 / 2021
Transaction ID : 15984072
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Lago, Julian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6671 W Indiantown Rd, Ste 50284
 City Jupiter State FL Zip Code 33458-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benezon LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 06 / 28 / 2021
Transaction ID : 15984077
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 06 / 28 / 2021
Transaction ID : 15984085
 Amount of Each Receipt this Period 85.00
 Memo Item

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: (check only one)	PAGE 58 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Mailing Address 6096 Innovation Way

City Carlsbad	State CA	Zip Code 92009-1741
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984087

Amount of Each Receipt this Period
85.00

Memo Item

B. Lardiere, Jim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Dyckman Place

City Basking Ridge	State NJ	Zip Code 07920-1427
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Savoy Associates	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984093

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 1440 AIA

City Vero Beach	State FL	Zip Code 32963
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984094

Amount of Each Receipt this Period
63.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Childers, Russell, B., CLU,ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984095
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Reents, Joni, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10701 Melody Drive Suite 320
 City Northglenn State CO Zip Code 80234-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984096
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Maitland Center Pkwy Ste 125
 City Maitland State FL Zip Code 32751-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984099
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
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 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Trebing, C. Louanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Patton Drive
 City Garland State TX Zip Code 75042-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984105
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 709
 City Sugar Land State TX Zip Code 77487-0709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984107
 Amount of Each Receipt this Period 25.00
 Memo Item

c. Shatto, Caroline, A., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Insurance Drive Suite H
 City Fort Wayne State IN Zip Code 46825-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Matters Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984109
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Koehler, Linda Rose, , LPRT CIP C,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Treeble Ct

City Greensboro	State NC	Zip Code 27406-5375
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BCI Health Benefits Solutions LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984141

Amount of Each Receipt this Period
30.00

Memo Item

B. Underhill, Elizabeth, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5951 Canoga Avenue

City Woodland Hills	State CA	Zip Code 91367-5010
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Underhill Insurance Agency, Inc.	Occupation (for Individual) Insurance agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984149

Amount of Each Receipt this Period
100.00

Memo Item

C. Sherrill, David, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 498 Palm Springs Dr, Suite 270

City Altamonte Springs	State FL	Zip Code 32701-7805
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sherrill Insurance Brokerage	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 15984151

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
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 62 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Alberts, Suzetta, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5605 Storrow Court
 Ste 535
 City Warren State MI Zip Code 48092-6338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984624
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stocks, Deborah, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 LAKE LOREINE LN
 City Henrico State VA Zip Code 23233-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984630
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hediger, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4907 Boynton Ct
 City Tampa State FL Zip Code 33625-6622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R & R Integrated Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 313.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984658
 Amount of Each Receipt this Period 63.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
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 63 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. King, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8427 Beckford Ave.
 City Northridge State CA Zip Code 91324-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15984663
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1185.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15985000
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 15985002
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stephens, Michael, R., RHU CBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 S Elm St
Suite 207

City Jenks State OK Zip Code 74037-3765

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 28 / 2021
Transaction ID : 15985005

Amount of Each Receipt this Period
1000.00

Memo Item

B. Christenson, Shawnee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9220 Bass Lake Rd, Suite 225

City New Hope State MN Zip Code 55428-4052

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
06 / 28 / 2021
Transaction ID : 15985011

Amount of Each Receipt this Period
175.00

Memo Item

C. Mihalyi-Stiffler, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 N. Riverview Dr
Suite 100

City Anaheim State CA Zip Code 92808-1225

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

Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt
06 / 28 / 2021
Transaction ID : 15985015

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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 65 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

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

Mailing Address 36 Remington Dr W

City Highland Village	State TX	Zip Code 75077-4006
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985047

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 38168 Medical Center Avenue

City Zephyrhills	State FL	Zip Code 33540-1380
---------------------	-------------	------------------------

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

Name of Employer (for Individual) The Canadian Medstore	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985050

Amount of Each Receipt this Period
1000.00

Memo Item

C. Renkar, Christopher, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8814 Fargo Road
Suite 125

City Richmond	State VA	Zip Code 23229-4628
------------------	-------------	------------------------

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

Name of Employer (for Individual) Independent Benefits LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985052

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 66 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Tierney, Robert, J., HDHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Main Street, 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 ▼
610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985054

Amount of Each Receipt this Period
100.00

Memo Item

B. King, Michael, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 White Spruce Blvd
Suite C

City Rochester	State NY	Zip Code 14623-1619
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Century Benefits Group, Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985058

Amount of Each Receipt this Period
500.00

Memo Item

C. Mulcare, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 S 6th St

City Klamath Falls	State OR	Zip Code 97601-6132
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Klamath Insurance Center, Inc	Occupation (for Individual)
--	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2021

Transaction ID : 15985079

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 67 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Deagle, Michael, P., REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 935 National Parkway
Suite 93550

City Schaumburg State IL Zip Code 60173-5334

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 ▼ 1250.02

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985098

Amount of Each Receipt this Period 250.00

Memo Item

B. Williams, Leslie, A., CHRIS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 Hilltop Drive
Suite 5

City Redding State CA Zip Code 96002-0515

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

Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985124

Amount of Each Receipt this Period 100.00

Memo Item

C. Niederman, Tammy, Lyn, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10042 Silver Maple Circle

City Highlands Ranch State CO Zip Code 80129-5420

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

Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985130

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Embry, Michael, A., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49927 Schooner Ct

City Chesterfield	State MI	Zip Code 48047-4339
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
06 / 29 / 2021
Transaction ID : 15985185

Amount of Each Receipt this Period
1000.00

Memo Item

B. Bryant, Jolene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51709 N 292nd Ave

City Wickenburg	State AZ	Zip Code 85390-4518
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42.00

Date of Receipt
06 / 29 / 2021
Transaction ID : 15985192

Amount of Each Receipt this Period
42.00

Memo Item

C. Crosby, Neil, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32110 Agoura Road

City Westlake Village	State CA	Zip Code 91361-4026
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Warner Pacific Insurance Services	Occupation (for Individual) Director of Sales
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1010.00

Date of Receipt
06 / 29 / 2021
Transaction ID : 15985216

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1542.00
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 69 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd., Suite 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985219
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Johnson, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 252 Apacheria Pass W
 City Comfort State TX Zip Code 78013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985228
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Perera, Kishan, Chanaka, MBA,QPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5010 Campuswood Dr. Suite 105
 City East Syracuse State NY Zip Code 13057-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Design Services Corp. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15985237
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 70 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bryant, Jolene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51709 N 292nd Ave
 City Wickenburg State AZ Zip Code 85390-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 15987315
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Haar, Elise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 W. San Marcos Boulevard
 City San Marcos State CA Zip Code 92078-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Access Health Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 06 / 01 / 2021
Transaction ID : 15991251
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$12.00 This changes the YTD Total to \$0.00

C. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Carancahua St Ste 301
 City Corpus Christi State TX Zip Code 78401-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433061225748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	542.00
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 71 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Schreder, Lynn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5550 Wild Rose Lane
 Suite 400
 City West Des Moines State IA Zip Code 50266-5351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433076125748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433095025748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. McFerrin, Dwane, C., CLU, CFP,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road
 Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433168125748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	227.00
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 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Brittain, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433214325748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Gerken, Barb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 Monroe Street Suite A
 City Sylvania State OH Zip Code 43560-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433268325748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Thams, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Broadway
 City Denison State IA Zip Code 51442-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433308325748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Ornellas, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433463225748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Willison, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433468625748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Drake, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Gooding St N #106
 City Twin Falls State ID Zip Code 83301-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433504425748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Coogan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 North Bedford Road
 Suite 100
 City Mount Kisco State NY Zip Code 10549-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433548025748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Schneider, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2807 W Taft St
 City Boise State ID Zip Code 83703-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR433791825748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436821425748
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	254.00
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 75 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Rios-Carl, Elizabeth, E., PIWT SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 North Campbell

City El Paso	State TX	Zip Code 79901-1406
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Transaction ID : PR436824525748

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 6102 82nd St, Bldg #6

City Lubbock	State TX	Zip Code 79424-0803
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Transaction ID : PR436830325748

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address 7412 Karl Drive

City Lincoln	State NE	Zip Code 68516-4368
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Senior Benefit Strategies	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Transaction ID : PR436838925748

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 76 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wright, Keith, L., ChHC,CLU,R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 W Front St
 Ste 4
 City Traverse City State MI Zip Code 49684-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436848525748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Trebing, C. Louanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Patton Drive
 City Garland State TX Zip Code 75042-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436856925748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Mobley, Sandra, V., REBC,RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110-8456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436869325748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	122.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Wilson, Paula, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR436873525748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Trahin, Cindy, K., RHU, CSA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7127 Homestead Road Suite B
 City Fort Wayne State IN Zip Code 46814-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR436875625748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR436883325748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	165.00
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 78 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Spragins, Jackie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2073
 City Wichita Falls State TX Zip Code 76307-2073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436895325748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Janway, Leah-Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 SW 96
 City Oklahoma City State OK Zip Code 73159-6861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436901525748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2542
 432 Halifax Drive
 City Coppell State TX Zip Code 75019-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436911025748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
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 79 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Stenger, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436939925748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Seifert, Greg, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 NE 115th St.
 City Vancouver State WA Zip Code 98686-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436941625748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Holland, Robert, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436961725748
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	233.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Golm, Robert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 S Main Street, Ste. 1
 City Wayland State MI Zip Code 49348-1288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Golm Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436976025748
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Monthly)

B. Parker, John, C., RHU, LTCP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436986825748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Splawn, William, Craig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Avenue C
 City Katy State TX Zip Code 77493-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR436992825748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Fristoe, Kelly, Don, LUTCF, SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 4789

City Wichita Falls	State TX	Zip Code 76308-0789
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Financial Partners	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437002325748

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. Thorn, Ryan, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10342 South Springcrest Lane

City South Jordan	State UT	Zip Code 84095-4538
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437004025748

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$40.00 Monthly)

C. Buie, Scott, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 S 2300 E Ste 201

City Salt Lake City	State UT	Zip Code 84117-4639
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437010525748

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	120.00
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 82 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Gray, Michael, D., RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 R St.
Ste. 150

City Lincoln State NE Zip Code 68508-1540

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

Name of Employer (for Individual) FNIC Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437016725748

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Olson, Terri, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. Box 21479

City Keizer State OR Zip Code 97307-1479

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

Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437070225748

Amount of Each Receipt this Period 65.00

Memo Item

P/R Deduction (\$65.00 Monthly)

C. Alberts, Suzetta, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5605 Storrow Court
Ste 535

City Warren State MI Zip Code 48092-6338

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

Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 629.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437076125748

Amount of Each Receipt this Period 84.00

Memo Item

P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.00

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 83 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Koehler, Linda Rose, , LPRT CIP C,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Treeble Ct

City Greensboro	State NC	Zip Code 27406-5375
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BCI Health Benefits Solutions LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437090125748

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

B. MCEVILLY, BRIAN, J., RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7260 West Azure Drive #140-201

City Las Vegas	State NV	Zip Code 89130-7999
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437117725748

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Benton, Bruce, D., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20300 Ventura Blvd Suite 200

City Woodland Hills	State CA	Zip Code 91364-0959
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437123025748

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Allard, Terry, , CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503-4040
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wilson Albers	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437182325748

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

B. Debler, Johnnie, O., RHU, ChHC,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1102 E. Laurel St.

City Rockport	State TX	Zip Code 78382-2815
------------------	-------------	------------------------

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

Name of Employer (for Individual) GSM Insurors	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437196425748

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

C. Garbina, James, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha	State NE	Zip Code 68154-5235
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Harry A. Koch Co	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437212225748

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	365.00
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 85 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cooper, Catherine, L., ,

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi	State MI	Zip Code 48375-5517
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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 ▼
1382.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437218325748

Amount of Each Receipt this Period
112.00

Memo Item

P/R Deduction (\$112.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Daubert, Jim, F., CLU,

Mailing Address P.O. Box 67220

City Lincoln	State NE	Zip Code 68506-7220
-----------------	-------------	------------------------

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

Name of Employer (for Individual) First Concord Benefits Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437219625748

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. Gardner, Joy, K., LUTCF,

Mailing Address 9424 Double R Blvd

City Reno	State NV	Zip Code 89521-5977
--------------	-------------	------------------------

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

Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
282.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437231225748

Amount of Each Receipt this Period
47.00

Memo Item

P/R Deduction (\$47.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	244.00
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 86 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Rowe, Peter, L., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 N. Central Ave
Suite 810

City Phoenix State AZ Zip Code 85012-2804

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

Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1545.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437236925748

Amount of Each Receipt this Period 170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

B. Powers-Booth, Sandra, Lee, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4817 S. 175th Street

City Seatac State WA Zip Code 98188-3710

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

Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437264325748

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Toups, Jennifer, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address #1 Galleria Blvd, Suite 1122

City Metairie State LA Zip Code 70001-2092

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

Name of Employer (for Individual) Humana Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437270525748

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	297.00
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 87 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437281025748
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

B. Bell, Marie, D., FLMI,AIAA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437323325748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Mihalyi-Stiffler, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Riverview Dr Suite 100
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437326125748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	295.00
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 88 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Bajkowski, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437361125748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Block, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Specialties, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437364425748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

c. Thomas, Jeffery, C., CLU,RHU,RE,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3072 Arborwood Blvd.
 City Spring Arbor State MI Zip Code 49283-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437385425748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Jensen, Cerrina, , CHRS, CBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 942 Rathbone Cir
 City Folsom State CA Zip Code 95630-8534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Verus Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437391225748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Cramer, Valerie, Lynn, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 Burgen Ct. NE
 City Grand Rapids State MI Zip Code 49525-3979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthBridge Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437416425748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Clark, Robert, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034-5683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark Insurance Associates, PLLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437427225748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	192.00
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 90 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Mutter, Amy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Road
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437454925748
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437516825748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

c. Stedt, Margaret, Evelyn, C.S.A., LP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Calle Amigo
 City San Clemente State CA Zip Code 92673-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437529925748
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Swanson, Cynthia, , SGS, BAM,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22240 Deval Ln

City Frankston	State TX	Zip Code 75763-4037
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hibbs Hallmark & Company	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437544925748

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans	State LA	Zip Code 70123-3296
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MassMutual	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437562825748

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. Mobley, Dennis, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Executive Drive
Suite D

City Madison	State MS	Zip Code 39110-8456
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mobley Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : PR437587525748

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	134.00
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 92 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437594125748
 Amount of Each Receipt this Period **85.00**
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Starks, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Highland Colony Parkway Suite 202
 City Ridgeland State MS Zip Code 39157-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **635.00**

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437603125748
 Amount of Each Receipt this Period **85.00**
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Rasch, Tim, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19445 Westling Drive
 City Oregon City State OR Zip Code 97045-6920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **472.00**

Date of Receipt **06 / 30 / 2021**
Transaction ID : PR437606225748
 Amount of Each Receipt this Period **12.00**
 Memo Item
 P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	182.00
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 93 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437683125748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Atkinson, Lynn, , HIA,MBA,SC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Cantle Lane
 City Roanoke State VA Zip Code 24018-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437687325748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Granado, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437693225748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Melgoza, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 Adams Avenue
 Ste 191
 City Huntington Beach State CA Zip Code 92646-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR437701125748
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Webb, Yolanda, Marie, CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 Clover Ct.
 City Chino State CA Zip Code 91710-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR437705625748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Kirsch, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 Regency Circle
 Ste 300
 City Omaha State NE Zip Code 68114-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR437731125748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	230.00
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 95 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Berry, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437737425748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Williams, Leslie, A., CHRIS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 Hilltop Drive Suite 5
 City Redding State CA Zip Code 96002-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437742925748
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Edwards, Susan, Christensen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 S. Roop St.
 City Susanville State CA Zip Code 96130-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR43775525748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	142.00
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 96 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Johnson, John, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8414 N. Wall Street
 Ste C
 City Spokane State WA Zip Code 99208-6161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437775825748
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 N Main St
 Suite 105
 City Royal Oak State MI Zip Code 48067-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437778625748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Schell, Gregory, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 South Third Street
 Suite 300
 City Louisville State KY Zip Code 40202-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sterling Thompson Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437797625748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	233.00
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 97 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Hediger, Debbie, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4907 Boynton Ct
 City Tampa State FL Zip Code 33625-6622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R & R Integrated Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437852425748
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Little, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 2nd Street #A-269
 City Brentwood State CA Zip Code 94513-2292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437855625748
 Amount of Each Receipt this Period 38.00
 Memo Item
 P/R Deduction (\$38.00 Monthly)

C. James, Leslie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6368 Pearl Rd
 City Cleveland State OH Zip Code 44130-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Strategy, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR437860025748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Lagarde, Jonathan, Davis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pipes Loop
 City Covington State LA Zip Code 70435-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lagarde Insurance Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR438111125748
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

B. Atencio, Linda, K., LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 87021
 City Phoenix State AZ Zip Code 85080-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda Atencio Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR439256925748
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : PR470069125748
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	54.00
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 99 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Doyle Road
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR470100125748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Stevens, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR496323825748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Wayt, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 747 Winslow Ave
 City Saint Paul State MN Zip Code 55107-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR528187225748
 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 100 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

A. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 S Berry
 200A
 City Norman State OK Zip Code 73072-7479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR840269925748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Mulcare, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 S 6th St
 City Klamath Falls State OR Zip Code 97601-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Klamath Insurance Center, Inc Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR860243825748
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Morgan, Christian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 W Commercial Blvd
 Ste 306
 City Fort Lauderdale State FL Zip Code 33309-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 30 / 2021
Transaction ID : PR891081425748
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	32482.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	2	1		

Mailing Address 2211 North First Street

FEC Identification Number

C []

Transaction ID : 15990228

Amount of Each Disbursement this Period

[] 1300.84

Memo Item

City San Jose State CA Zip Code 95131

Purpose of Disbursement

001
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

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

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

[] 1300.84

[] 1300.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial) A. Mullin For Congress		Date of Disbursement MM / DD / YYYY 06 / 03 / 2021
Mailing Address PO Box 3681		FEC Identification Number C00498345 Transaction ID : 15974661
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement June 10th Event	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 June 10th Event
Candidate Name Mullin, Markwayne, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OK	District: 02	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Kathleen Rice For Congress		Date of Disbursement MM / DD / YYYY 06 / 03 / 2021
Mailing Address PO Box 744		FEC Identification Number C00555813 Transaction ID : 15974711
City Mineola	State NY	Zip Code 11501
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Rice, Kathleen, M., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Jeffries For Congress		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address 910 17th St NW Suite 925		FEC Identification Number C00503052 Transaction ID : 15977476
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Void - Jeffries For Congress	Category/ Type 011	Amount of Each Disbursement this Period - 2500.00 Void - Jeffries For Congress
Candidate Name Jeffries, Hakeem, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 08	<input type="checkbox"/> Memo Item

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

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

- 500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffries For Congress

Mailing Address 910 17th St NW
Suite 925

City Washington State DC Zip Code 20006

Purpose of Disbursement
March 11 Event

Category/
Type

Candidate Name
Jeffries, Hakeem, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 08

Date of Disbursement
MM / DD / YYYY
06 / 10 / 2021

FEC Identification Number

Transaction ID : 15977477

Amount of Each Disbursement this Period

Memo Item
March 11 Event

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Wednesday, April 21st Event

Category/
Type

Candidate Name
Scott, Tim, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement
MM / DD / YYYY
06 / 10 / 2021

FEC Identification Number

Transaction ID : 15977478

Amount of Each Disbursement this Period

Memo Item
Wednesday, April 21st Event

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement
Wednesday, June 16, 2021 Lunch

Category/
Type

Candidate Name
Bost, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IL District: 12

Date of Disbursement
MM / DD / YYYY
06 / 17 / 2021

FEC Identification Number

Transaction ID : 15981078

Amount of Each Disbursement this Period

Memo Item
Wednesday, June 16, 2021 Lunch

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ron Estes For Congress

Date of Disbursement
MM / DD / YYYY
06 / 17 / 2021

Mailing Address PO BOX 782952

FEC Identification Number
C C00632067
Transaction ID : 15981080
Amount of Each Disbursement this Period
1000.00

City Wichita State KS Zip Code 67278

Purpose of Disbursement
Candidate Name
Estes, Ron, , ,
Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: KS District: 04

Full Name (Last, First, Middle Initial)
B. Team Hagerty

Date of Disbursement
MM / DD / YYYY
06 / 17 / 2021

Mailing Address 4515 Harding Pike Ste 110

FEC Identification Number
C C00718627
Transaction ID : 15981082
Amount of Each Disbursement this Period
1000.00
Debt Retirement

City Nashville State TN Zip Code 37205

Purpose of Disbursement
Debt Retirement
Candidate Name
Hagerty, William, , Sen., IV
Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify)
State: TN District: Primary Debt 2020

Full Name (Last, First, Middle Initial)
C. Miller-Meeks For Congress

Date of Disbursement
MM / DD / YYYY
06 / 17 / 2021

Mailing Address PO Box 33

FEC Identification Number
C C00558825
Transaction ID : 15981083
Amount of Each Disbursement this Period
1000.00
Comp Event

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement
Comp Event
Candidate Name
Miller-Meeks, Mariannette, , ,
Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: IA District: 02

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial) A. Darren Soto For Congress			Date of Disbursement MM / DD / YYYY 06 / 17 / 2021		
Mailing Address P.O. Box 420239			FEC Identification Number C00581074 Transaction ID : 15981084		
City Kissimmee	State FL	Zip Code 34742	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Soto, Darren, , ,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL	District: 09			

Full Name (Last, First, Middle Initial) B. Friends Of Jim Clyburn			Date of Disbursement MM / DD / YYYY 06 / 17 / 2021		
Mailing Address Post Office Box 12567			FEC Identification Number C00255562 Transaction ID : 15981085		
City Columbia	State SC	Zip Code 29211	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Clyburn, James, E., Rep.,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SC	District: 06			

Full Name (Last, First, Middle Initial) C. Kurt Schrader For Congress			Date of Disbursement MM / DD / YYYY 06 / 17 / 2021		
Mailing Address PO Box 3314			FEC Identification Number C00446906 Transaction ID : 15981086		
City Oregon City	State OR	Zip Code 97045	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement		Category/Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Schrader, Kurt, , Rep.,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR	District: 05			

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth Pannill Fletcher For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2021

Mailing Address 3262 Westheimer Rd
#636

City Houston State TX Zip Code 77098

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00640045

Transaction ID : 15981087

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Fletcher, Elizabeth, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 07

Full Name (Last, First, Middle Initial)

B. Peters For Michigan

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2021

Mailing Address PO Box 32072

City Detroit State MI Zip Code 48244

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00437889

Transaction ID : 15981089

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Peters, Gary, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify) ▼

State: MI District:

Full Name (Last, First, Middle Initial)

C. Maggie For Nh

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2021

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00588772

Transaction ID : 15981090

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Hassan, Margaret, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NH District:

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine Cortez Masto For Senate

Mailing Address 8020 South Rainbow Blvd #100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement

011

Category/Type

Candidate Name

Cortez Masto, Catherine, , Sen.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2021

FEC Identification Number

C C00575548

Transaction ID : 15982856

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carolyn For Congress

Mailing Address PO Box 301

City Suwanee State GA Zip Code 30024

Purpose of Disbursement

011

Category/Type

Candidate Name

Bourdeaux, Carolyn, ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify)

State: GA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2021

FEC Identification Number

C C00649376

Transaction ID : 15982858

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City Lowell State MA Zip Code 01853

Purpose of Disbursement

011

Category/Type

Candidate Name

Trahan, Lori, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2021

FEC Identification Number

C C00655647

Transaction ID : 15982859

Amount of Each Disbursement this Period

2000.00

Memo Item

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

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial) A. Haley Stevens For Congress		Date of Disbursement MM / DD / YYYY 06 / 24 / 2021
Mailing Address 33717 Woodward Ave #539		FEC Identification Number C00638650 Transaction ID : 15982860
City Birmingham	State MI	Zip Code 48009
Purpose of Disbursement	Category/Type 011	
Candidate Name Stevens, Haley, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 11	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Jason Crow For Congress		Date of Disbursement MM / DD / YYYY 06 / 24 / 2021
Mailing Address PO Box 32145		FEC Identification Number C00637363 Transaction ID : 15982862
City Aurora	State CO	Zip Code 80041
Purpose of Disbursement	Category/Type 011	
Candidate Name Crow, Jason, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 06	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sean Patrick Maloney For Congress		Date of Disbursement MM / DD / YYYY 06 / 24 / 2021
Mailing Address PO Box 270		FEC Identification Number C00512426 Transaction ID : 15982863
City Newburgh	State NY	Zip Code 12550
Purpose of Disbursement	Category/Type 011	
Candidate Name Maloney, Sean, Patrick, Rep.,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 18	<input type="checkbox"/> Memo Item	

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

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2021

FEC Identification Number

C C00502179

Transaction ID : 15982864

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ami Bera For Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2021

FEC Identification Number

C C00461061

Transaction ID : 15982866

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 15276

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2021

FEC Identification Number

C C00468579

Transaction ID : 15982867

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Young Kim for Congress

Mailing Address PO Box 2186

City Fullerton State CA Zip Code 92837

Purpose of Disbursement

011
Category/
Type

Candidate Name
Kim, Young, , ,

Office Sought: House Senate President
State: CA District: 39

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00665638

Transaction ID : 15982870

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Glenn Thompson

Mailing Address 400 North Michael Street

City St. Marys State PA Zip Code 15857

Purpose of Disbursement

011
Category/
Type

Candidate Name
Thompson, Glenn, W., Rep.,

Office Sought: House Senate President
State: PA District: 05

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00444620

Transaction ID : 15982872

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Strickland For Washington

Mailing Address 1625 E 72nd St
Ste 700-139

City Tacoma State WA Zip Code 98404

Purpose of Disbursement
Void - Strickland For Washington

011
Category/
Type

Candidate Name
Strickland, Marilyn, , ,

Office Sought: House Senate President
State: WA District: 10

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00732826

Transaction ID : 15983506

Amount of Each Disbursement this Period

Void - Strickland For Washington

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maria Elvira Salazar For Congress

Mailing Address P.O. Box 558033

City Miami State FL Zip Code 33255

Purpose of Disbursement
Void - Maria Elvira Salazar For Congress

Category/
Type

Candidate Name
Salazar, Maria, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: FL District: 27

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2021

FEC Identification Number

Transaction ID : 15990229
Amount of Each Disbursement this Period
- 1000.00

Memo Item Void - Maria Elvira Salazar For Congress

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

- 1000.00
31500.00