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Image# 2019100291635841	34			PAGE 1 / 184
FEC FORM 3X	REPORT OF RE AND DISBURSE For Other Than An Authorize	MENTS	Office Us	se Only
1. NAME OF	TYPE OR PRINT ▼ E	xample: If typing, type	12FE4M5	
COMMITTEE (in full)	O	ver the lines.	12F E4WI3	
	rs Political Action Committee			
				1
	1212 New York Ave			
ADDRESS (number and str	Suite 1100			
Check if different than previously reported. (ACC)	t Washington		DC 20005	
2. FEC IDENTIFICATIO	ON NUMBER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00283135	3. IS THIS REPOR		AMENDED (A)	
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re 	port (Q1) port (Q2)	3) Jun 20 (M6)		 Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
January 31 Year-End Re	port (YE) Election on			State of
July 31 Mid- Report (Non- Year Only) (I	election	General (30G)	Runoff (30R)	Special (30S)
Termination I (TER)	Report Election on	M = M / D = D /	Y Y Y Y Y Y	in the State of
5. Covering Period	M M / D D / Y	through 09	/ D D / Y Y 30 201	
I certify that I have exami	ned this Report and to the best of my kr	nowledge and belief it is tr	rue, correct and complet	e.
Type or Print Name of Tre	Murphy, Jennifer, , , easurer			
Signature of Treasurer	Murphy, Jennifer, , ,	[Electronically Filed]	Date 10 / 02	
NOTE: Submission of false	erroneous, or incomplete information may	subject the person signing	this Report to the penaltie	es of 52 U.S.C. § 30109.

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

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Health Underwriters Political Action Committee

R	Report Covering the Period: From:		09 30 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		341431.16
	(b) Cash on Hand at Beginning of Reporting Period	373293.02	
	(c) Total Receipts (from Line 19)	46298.67	479641.72
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	419591.69	821072.88
7.	Total Disbursements (from Line 31)	62627.99	464109.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356963.70	356963.70
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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	35857.17	281815.18
(ii) Unitemized	10441.50	197826.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	46298.67	479641.72
	7 7020007	
(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)	46298.67	479641.72
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received		
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
	49. 49. 49.	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46298.67	479641.72
		4 4 4
. Total Federal Receipts		
(subtract Line 19(a) from Line 10)	46298 67	479641.72

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

46298.67

479641.72

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 14247.18 Expenditures 1627.99 (c) Total Operating Expenditures 14247.18 (add 21(a)(i), (a)(ii), and (b)) 1627.99 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 448500.00 and Other Political Committees... 61000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1362.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 1362.00 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 Total Federal Election Activity (add (C) 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)).. 62627.99 464109.18 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 62627.99 464109.18

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
I LO	1 01111	JA	(1100.	03/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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					0.00
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					46298.67
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					1627.99
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	1		1	1		
	 	-7			7	0.00
	1			1		
	 	-7-				14247.18

Page 5

COLUMN B Calendar Year-to-Date

SCHEDULE A (FEC Form 3X) _ _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

IT.			Use separate schedule(s)	(cl	(check only one)										
11			for each category of the Detailed Summary Page		× 11a		11b	11c		12	<u> </u>				
	y information copied from such Reports and S for commercial purposes, other than using the														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
]	Health Underwriters Political Ac	tion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Init Murray, Martha, , ,	tial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 2030 Parrish Dr				м м 09	1	D 01		Y	y y 2019	Y				
	City Santa Rosa	State CA	Zip Code 95404-2321					: 13339 Receipt		Period					
	FEC ID number of contributing federal political committee.	С								12.0	0				
	Name of Employer (for Individual) J & M Murray Insurance Services, Inc.	Occu Age	upation (for Individual) nt		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 358.00	1											
в.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address PO Box 629				M M 09	1	01			y y 2019	Y				
	City Roanoke	State VA	Zip Code 24004-0629		Transaction ID : 13339743 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			300.00										
	Name of Employer (for Individual) D&S Agency	Occi Brol	upation (for Individual) ker		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3800.00]											
с.	Full Name of Individual (Last, First, Middle Init Jacquet, Tara, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 4584 North Rancho Drive				м м 09	1	D 0'		Y	2019	Y				
	City Las Vegas	State NV	Zip Code 89130-3478					: 13339 Receipt		Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,		30.0	0				
	Name of Employer (for Individual) Branch Benefits Consultants		upation (for Individual) President		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1											
\vdash	UBTOTAL of Receipts This Page (optional)			•		-	, .			342.0	0				

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PAGE 7 OF

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or	y information copied from such Reports and State for commercial purposes, other than using the na															
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	mi	ittee												
Α.	Full Name of Individual (Last, First, Middle Initial) Bagley, Calvin, Dean, , Mailing Address 9640 W. Tropicana Avenue, Suite		rga	nization Name	Date of Receipt											
	City	State		Zip Code	09 01 2019 Transaction ID : 13339749											
	Las Vegas	NV		89147-2604		А							eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С	Ì						,		_				30.0	00
	Name of Employer (for Individual) Sun City Financial			tion (for Individual) ng Partner			Μ	lemo	οI	lte	m					
	Receipt For: A Primary General Other (specify) ▼ I	ggregate														
	Full Name of Individual (Last, First, Middle Initial) Moore, David, R., ,	or Full O	rga	nization Name			Date o	f Re	ece	eip	ot					
	Mailing Address PO Box 1006			M M / D D / Y												
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	Name of Employer (for Individual) David R. Moore, CLU & Associates	Occu Brok		tion (for Individual)			Μ	lemo	οI	lte	m					
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	ar-to-Date ▼ 270.00												
	Full Name of Individual (Last, First, Middle Initial) Hoffman, Crystal, , ,	or Full O	rga	nization Name			Date o	f Re	ece	eip	ot					
	Mailing Address P.O. Box 709					[^M 09	/	′	D	02		/ Y	202	ү 19	Y
	City Sugar Land	State TX		Zip Code 77487-0709									33975			
		С					amoun		-	ac		eco	eipt thi		100.0	00
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occu Brok	•	tion (for Individual)			N	lemo	0	lte	m					
	Receipt For: A Primary General Other (specify) I	ggregate	Yea	ar-to-Date ▼ 950.00												
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SCHEDULE A (FEC Form 3X) -

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PAGE 8 OF

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	1 1a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
		name and a	doress of any political committee	e to so	DIICIT COL		outions	from suc	n committ	ee.				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Wham, Scott, , ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 145 E 5th Avenue													
	City Conshohocken	State PA	Zip Code 19428-1789					1333975 Receipt th	59 nis Period					
	FEC ID number of contributing federal political committee.	С					-		42.0	00				
	Name of Employer (for Individual) Kistler Tiffany Benefits		upation (for Individual) ctor of Compliance Services		Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]										
	Full Name of Individual (Last, First, Middle Initia Smith, Paul, E., ,		Date of	Re	eceipt									
	Mailing Address 100 Queen Street				м м 09	1	02		y y 2019	Y				
	City Southington	State CT	Zip Code 06489-2052					1333976						
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occu Broł		Me	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00]										
	Full Name of Individual (Last, First, Middle Initia Weinstein, Joshua, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 3111 C St. Suite 500		7.0.1		09 ^M	1	02		2019	Y				
	City Anchorage	State AK	Zip Code 99503-3973					: 1333976 Receipt th	62 nis Period					
	FEC ID number of contributing federal political committee.	С			Ľ.		y	5	30.0	00				
	Name of Employer (for Individual) RISQ Consulting	Occu Brok	upation (for Individual) er		M	emo	o Item							
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PAGE 9 OF

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NAME OF COMMITTEE (In Full)						-	-									
Health Underwriters Political	Action Com	mittee														
Full Name of Individual (Last, First, Middl Harder, David, , ,	le Initial) or Full C	rganizatio	n Name		Date o	f Re	ece	eipt								
Mailing Address 2241 E Skelly Drive Suite 107					м м 09	/		D D 02	1		2019	Y				
City	State OK				Trans	sacti	tio	n ID : '	133397	63						
Tulsa	OK	/4	105-5941	Amount of Each Receipt this Period												
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Name of Employer (for Individual) Spirit Financial Concepts, Inc	Occ		or Individual)		Μ	emc	o l	tem								
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Primary General	33 - 3 - 4			11.												
Other (specify) v		-19- I	270.00													
Full Name of Individual (Last, First, Midd B. Hogeland, Charlene, M., ,	le Initial) or Full C	organizatio	on Name		Date o	f Re	ece	eipt								
Mailing Address 5516 W Lariat Lane				09 02 / Y Y Y Y 2019												
City	State	Zip	Code		Trans	acti	ior	1 ID : 1	133397	67						
Phoenix	AZ	850	083-1228		Amoun					-	Period					
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Name of Employer (for Individual) Black, Gould & Associates	Occ Sal	• •	or Individual)		M	emc	o l	tem								
Receipt For:	Aggregate	Year-to-D	ate 🔻													
Primary General Other (specify) ▼		,	1190.00]												
Full Name of Individual (Last, First, Midd	le Initial) or Full C	organizatio	on Name		Date o	f Re	ece	eipt								
Mailing Address 212 South 10 Street					м м 09		/	D D 02	/		019	Y				
City	State	· · ·	Code		Trans	sact	tio	n ID :	133397	68						
Griffin	GA	302	24-2804		Amoun	t of	Ea	ach R	eceipt 1	his I	Period					
FEC ID number of contributing federal political committee.	С						,		, ,		30.0	0				
Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occupation (for Individual) Broker					lemo	o I	tem								
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Primary General			11.													
Other (specify)		-y	270.00													
SUBTOTAL of Receipts This Page (optional	al)			•			,		,	l	145.0	0				
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SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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PAGE 10 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, M A . Fitzgerald, Robert, Mark, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 185 Fowler St			09 03 2019
City Woodstock	State GA	Zip Code 30188-5023	Transaction ID : 13339774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
Full Name of Individual (Last, First, M B. Vanduyn, Melissa, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 32 Fox Chase Run			09 / D D / Y Y Y Y 2019
City	State NJ	Zip Code 08844-2130	Transaction ID : 13339777
Hillsborough FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) FNA		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 358.00]
Full Name of Individual (Last, First, M C. Dinkel, Matthew, Kim, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 13700 Six Mile Cypre			09 03 / Y Y Y Y 2019
City Fort Myers	State FL	Zip Code 33912-4324	Transaction ID : 13339778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) AWA Insurance Agency	Occi Brok	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00]
SUBTOTAL of Receipts This Page (opti	onal)		182.00
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SCHEDULE A (FEC Form 3X) _ _ _

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PAGE 11 OF

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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee					
Full Name of Individual (Last, First, Mide A. King, Carolyn, J., ,	dle Initial) or Full C	rganization Name	Date o	of Receipt			
Mailing Address 6 Country Lane			M 09	/ D 03		ү ү 2019	Y
City Sussex	State NJ	Zip Code 07461-4630		saction ID : nt of Each F			
FEC ID number of contributing federal political committee.	C				j -	30.0	00
Name of Employer (for Individual) Carolyn J King Insurance	Occ Bro	upation (for Individual) ker	N	lemo Item			
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Full Name of Individual (Last, First, Mide B. Johnson, Judy, Anne, ,	dle Initial) or Full C	rganization Name	_	of Receipt			
Mailing Address 5581 N Barrasca Ave	Ototo	Zin Oode	09	03		2019	Y
City Tucson	State AZ	Zip Code 85750-6495		saction ID : nt of Each F		-	
FEC ID number of contributing federal political committee.	С			1 - 1 - 1		30.0	00
Name of Employer (for Individual) UnitedHealthcare	Occ Bro	upation (for Individual) ker	N	lemo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00]				
Full Name of Individual (Last, First, Mide C. Stockstill, Julia Beckie, , ,	dle Initial) or Full C	rganization Name	Date o	of Receipt			
Mailing Address 125 E. San Augustine			M 09	/ D 03		Y Y 2019	Y
City Deer Park	State TX	Zip Code 77536-4160		saction ID : nt of Each F			
FEC ID number of contributing federal political committee.	C			. , .		45.0	00
Name of Employer (for Individual) Stockstill & Associates	Occ Brol	upation (for Individual) ker	N	lemo Item			
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PAGE 12 OF

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	Underwriters Political	Action Com	ımi	ttee													
	e of Individual (Last, First, Middle k, John, L., ,	e Initial) or Full O	rgar	nization Name		Date	of R	lec	ceipt								
	ddress 1907 B Mangrove Ave.					M		/	D	D	/ Y	Y	Y Y				
<u></u>					09 03 2019												
City Chico		State CA		Zip Code 95926-2381	Transaction ID : 13339783 Amount of Each Receipt this Period												
	umber of contributing		_														
	number of contributing olitical committee.	С	_		85.00												
Name of	Employer (for Individual)	Occ	upat	ion (for Individual)			Merr	10	Item								
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	ner (specify) V			765.00													
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	e of Individual (Last, First, Middle sen, Jill, L., ,	e Initial) or Full C)rgar	nization Name		Date	of B	ler	ceint								
	ddress 16325 Boones Ferry Rd #2	204				M		,	D	D	/ 7	Ý	YY				
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City		State		Zip Code		Trar	sac	tic	on ID	: 13	333988	6					
Lake Osv	wego	OR		97035-4297	_	Amou	nt o	fE	Each	Re	ceipt th	is Peri	iod				
	number of contributing olitical committee.	С	_						65.00								
	Employer (for Individual) Benefit Solutions, Inc.	Occ Bro		tion (for Individual)		Memo Item											
Receipt F	For:	Aggregate	Yea	ır-to-Date ▼													
	mary General																
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	e of Individual (Last, First, Middle elli, Patrick, , ,	e Initial) or Full C	rgar	nization Name		Date	of B	200	reint								
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	olitical committee.	C	_			<u>_</u>	-	_	,	_	y		63.00	,			
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	& Associates	I															
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	mary General	-	567.00	11.													
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SCHEDULE A (FEC Form 3X) _____

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	/ or	ie)			
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	_
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	utions f	from suc	h committe	e.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Ashby, Thomas, F., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address P. O. Box 70				^M 09	/	04) / Y	ү ү 2019	Y
	City Zirconia	State NC	Zip Code 28790-0070					1333989 Receipt th	95 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		42.0	0
	Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	1						
в.	Full Name of Individual (Last, First, Middle Init Viola, Robert, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 2 Radnor Corp Center, Ste 110)			м м 09	/	04) / Y	2019	Y
	City Wayne	State PA	Zip Code 19087-4514					1333989 Receipt th	7 nis Period	
	FEC ID number of contributing federal political committee.	С					,		50.0	0
	Name of Employer (for Individual) The Megro Corporation	Occ	upation (for Individual) ner		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		450.00]						
с.	Full Name of Individual (Last, First, Middle Init Mochan, Damian, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 100 Radnor Rd Ste 202				09	/	04		y y 2019	Ŷ
	City State College	State PA	Zip Code 16801-7986				-	1333989 Receipt th	98 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	50.0	0
	Name of Employer (for Individual) Central PA Benefit Solutions	Occi Brok	upation (for Individual) er		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	142.0	0
т	OTAL This Period (last page this line number of	only)		►				1.46		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Kennedy, Tamara, P., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7310 N. 16th Street, Suite	226		09 04 Y Y Y Y Y 09 04 2019
City Phoenix	State AZ	Zip Code 85020-8212	Transaction ID : 13339899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
Full Name of Individual (Last, First, Middle Zavala, Tony , , , Mailing Address 4814 Cranbrook Dr E	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	09 04 2019 Transaction ID : 13339900
Colleyville	тх	76034-4359	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		63.00
Name of Employer (for Individual) Frost Insurance	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]
Full Name of Individual (Last, First, Middle C. Debler, Johnnie, O., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1102 E. Laurel St.			09 / D D / Y Y Y Y 09 04 2019
City Rockport	State TX	Zip Code 78382-2815	Transaction ID : 13340294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) GSM Insurors Group	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl	·		178.00

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for each category of the
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			Detailed Summary Page			L !	11	- I	11c	12						
							14		15	16	17					
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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee													
	Full Name of Individual (Last, First, Middle I Martfeld, Thomas, W., ,	nitial) or Full O	rganization Name	1	Date of	Re	cei	pt								
١	Mailing Address 321 W. Poplar St.			M M / D D / Y Y Y Y 09 04 2019												
	City Rogers	State AR	Zip Code 72756-4558	Transaction ID : 13340313 Amount of Each Receipt this Period												
	FEC ID number of contributing rederal political committee.	C					,			365.0	00					
-	Name of Employer (for Individual) Fom Martfeld & Associates	Occi Brok	upation (for Individual) ser		Me	∋mo	lte	em								
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00													
	Full Name of Individual (Last, First, Middle I Quinn, Cody, J., ,	nitial) or Full O	rganization Name		Date of	Re	cei	pt								
1	Mailing Address 343 Waller Avenue Suite 101			09 / D D / Y Y Y Y 09 05 2019												
	City Lexington	State KY	Zip Code 40504-2912	/	Transaction ID : 13340344 Amount of Each Receipt this Period											
	FEC ID number of contributing rederal political committee.	С			12.00											
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	lte	em								
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.00													
	Full Name of Individual (Last, First, Middle I Hepscher, William, , ,	nitial) or Full O	rganization Name		Date of	Re	cei	pt								
1	Mailing Address 38168 Medical Center Aven	ue			^M 09	/	ľ	05	/ Y	2019	Y					
	City Zephyrhills	State FL	Zip Code 33540-1380						133403	45 his Period						
	FEC ID number of contributing ederal political committee.	С					y		, <u>,</u>	85.0	00					
-	Name of Employer (for Individual) The Canadian Medstore	Occu Brok	upation (for Individual) er		M	emo) Ite	m								
ľ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 890.00													
SI	JBTOTAL of Receipts This Page (optional)						y			462.0	00					

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	EIVIZED RECEIPTS		Detailed Summary Page	▼ 11a 11b 11c 12								
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	for commercial purposes, other than using the			person for the purpose of soliciting contributions et a solicit contributions from such committee.								
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Ini Gussin, Craig, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 701 Palomar Airport Road #20	60		09 / D D / Y Y Y Y 09 05 2019								
	City Carlsbad	State CA	Zip Code 92011-1047	Transaction ID : 13340346								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]								
в.	Full Name of Individual (Last, First, Middle Ini Shepard-Hall, Julie, A., ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3913 N. Post St			09 05 / Y Y Y Y 2019								
	City Spokane	State WA	Zip Code 99205-1149	Transaction ID : 13340348 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Integrity Insurance Solutions, LLC	Occ Bro	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
с.	Full Name of Individual (Last, First, Middle Ini Allumbaugh, Joel, C., ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 6 E. Chestnut St., Suite 520			09 / D D / Y Y Y Y 09 05 2019								
	City Augusta	State ME	Zip Code 04330-5759	Transaction ID : 13340349								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) National Worksite Benefit Group	Occu Brok	upation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]								
-	UBTOTAL of Receipts This Page (optional)			160.00								
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)		any pointed commu				3.01	5 110	5001							
Health Underwriters Political A	ction Com	mittee													
Full Name of Individual (Last, First, Middle I A. Whaley, Cynthia, , ,	nitial) or Full C	organization Name	[Date of	Re	ceipt									
Mailing Address 408 N. Washington Street															
Suite A				09 05 2019											
City	State	Zip Code		Trans	acti	on II) : 1 :	334035	0						
Easton	MD	21601-3704	A	Amount	of	Each	n Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					7		-9-	30.	00					
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occ	upation (for Individual)		M	emo	Iten	n								
Receipt For:		-													
Primary General	Aggregate	Year-to-Date ▼	_												
Other (specify) V		270.00													
Full Name of Individual (Last, First, Middle I B. Rianhard, Dane, , ,	nitial) or Full C	Prganization Name		Date of	Re	ceipt									
Mailing Address 1 E. Pratt St., Unit 902				м м	/	D	D 05	/ Y	2019	Y					
City	State	Zip Code		_		-									
Baltimore	MD	21202-1193	L.	Transaction ID : 13340351 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С				85.										
Name of Employer (for Individual) TriBridge Partners, LLC	Occ Bro	upation (for Individual) ker		M	emo	Iten	n								
Receipt For:	Aggregate	Year-to-Date V													
Primary General Other (specify) ▼		765.00													
Full Name of Individual (Last, First, Middle I C. Michaels, Norman, Joseph, ,	Initial) or Full C	organization Name		Date of	Re	ceipt									
Mailing Address 75 NO CENTREAL AVE				M M 09		D	D 05	/ Y	2019	Y					
City	State	Zip Code		Trans	acti	ion II	D:1	334035	52						
Elmsford	NY	10523	<i>F</i>	Amount	of	Each	Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					,		y	30.	00					
Name of Employer (for Individual) Tristate Pay	Occ	upation (for Individual) ker		M	emo	lten	n								
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General		070.00													
Other (specify)		270.00													
SUBTOTAL of Receipts This Page (optional)			•			,		9	145.	00					
TOTAL This Period (last page this line numbe	er only)		•			-				-					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
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NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee		
Full Name of Individual (Last, First, Mic A. Henning, Kristy, S., ,	Idle Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 806B A Street				2019
City Springfield	State OR	Zip Code 97477-4771	Transaction ID : 13340353 Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C			30.00
Name of Employer (for Individual) The Insurance Place	Occ Age	upation (for Individual) Int	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1	
Full Name of Individual (Last, First, Mic B. Sweatt, Shelly, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 14 Commerce Road				2019
City Newtown	State CT	Zip Code 06470-1607	Transaction ID : 13340355 Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	С			30.00
Name of Employer (for Individual) TR Paul, Inc.	Occ Bro	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]	
Full Name of Individual (Last, First, Mic C. DeBruin, Teresa, F., ,	Idle Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 45 Technology Pkwy S Suite 225	1		09 06 2	2019
City Peachtree Corners	State GA	Zip Code 30092-3456	Transaction ID : 13340844 Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C			50.00
Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occ Brok	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]	
SUBTOTAL of Receipts This Page (optio	nal)			110.00
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$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Sklar, Erika, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 1415 Walton Blvd				м м 09	1	06		ү ү 2019	Y	
	City Rochester Hills	State MI	Zip Code 48309-1775					1334084 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					-		63	3.00	
	Name of Employer (for Individual) The Crawford Insurance Group	Occi Brol	upation (for Individual) ker		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 867.00]							
	Full Name of Individual (Last, First, Middle Initi Niederman, Tammy, Lyn, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 10042 Silver Maple Circle				м м 09	/	06		y y 2019	Y	
	City Highlands Ranch	State CO	Zip Code 80129-5420					1334084 Receipt th		d	
	FEC ID number of contributing federal political committee.	С						-	42	2.00	
	Name of Employer (for Individual) Niederman Insurance Agency	Occ Bro	upation (for Individual) ker		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
	Full Name of Individual (Last, First, Middle Initi Webb, Charles, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2670 Electric Rd				09		06		2019	Y	
	City Roanoke	State VA	Zip Code 24018-3511					: 1334084 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	250	0.00	
	Name of Employer (for Individual) Innovative Insurance Group	Occi Brok	upation (for Individual) er		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2350.00]							
s	UBTOTAL of Receipts This Page (optional)			•		Ī	y		358	5.00	
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SCHEDULE A (FEC Form 3X) _____

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$\overline{)}$	NAME OF COMMITTEE (In Full)													
	Health Underwriters Political Act	tion Com	mittee											
۹.	Full Name of Individual (Last, First, Middle Init Whitfield, Pamela, A., ,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 341 W. Tudor Rd. #207													
	City Anchorage	State AK	Zip Code 99503-6648	Transaction ID : 13340848										
		_		Amount of Each Receipt this F	reriod									
	FEC ID number of contributing federal political committee.	C			30.00									
	Name of Employer (for Individual) Elite-VB LLC	Occu Brok	upation (for Individual) Ker	Memo Item										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		280.00											
	Other (specify) v													
в.	Full Name of Individual (Last, First, Middle Init Cupo, Gary, V., ,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address Fairfields Commons 271 Route 46 West Suite F-10	9)19									
	City	State	Zip Code	Transaction ID : 13340849										
	Fairfield	NJ	07004-2447	Amount of Each Receipt this F	'eriod									
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer (for Individual) Benefit Solutions		upation (for Individual) Ith Insurance Specialist	Memo Item										
	Receipt For:		Year-to-Date ▼	-										
	Primary General	Aggregate												
	Other (specify) ▼		240.00											
С.	Full Name of Individual (Last, First, Middle Init Sokol, David, , ,	ial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 901 Wilshire Drive Suite 330)19									
	City Troy	State MI	Zip Code 48084-5611	Transaction ID : 13340850										
			40004 3011	Amount of Each Receipt this F	'eriod									
	FEC ID number of contributing federal political committee.	C			170.00									
	Name of Employer (for Individual) Wilshire Benefits Group Inc		upation (for Individual) ident/CEO	Memo Item										
	Receipt For:		Year-to-Date ▼	-										
	Primary General													
	Other (specify)		1530.00											
s	UBTOTAL of Receipts This Page (optional)				230.00									
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NAME OF COMMITTEE (In Full)		·····								
Health Underwriters Politi	cal Action Com	mittee								
Full Name of Individual (Last, First, M Combs, Susan, L., ,	Aiddle Initial) or Full O	rganization Name	Dat	e of I	Receipt					
Mailing Address 234 Fifth Ave Ste 512)9	/ D 0		2019	Y		
City New York	State NY	Zip Code 10001-7607				: 1334085 Receipt th				
FEC ID number of contributing federal political committee.	C				-gr.		42.	00		
Name of Employer (for Individual) Combs & Company, LLC	Occi Broł	upation (for Individual) ker		Mer	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]							
Full Name of Individual (Last, First, M B. Odegard, James, , ,	liddle Initial) or Full O	rganization Name	Dat	e of I	Receipt					
Mailing Address 21308 John Milless D Suite 102				09	/ D		2019	Y		
City	State	Zip Code 55374-4875				: 1334085				
Rogers FEC ID number of contributing federal political committee.	C	33374-4873	Am	ount	of Each	Receipt th	nis Period 42.	_		
Name of Employer (for Individual) Odegard Benefit Services, LLC	Occ	upation (for Individual) ker		Mer	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]							
Full Name of Individual (Last, First, M C. Ferentz, Victoria, , ,	Iiddle Initial) or Full O	rganization Name	Dat	e of I	Receipt					
Mailing Address 111 Commercial St				09 [™]	/ D 0	Б / Ү 6	2019	Y		
City Portland	State ME	Zip Code 04101-4719				: 1334140 Receipt th				
FEC ID number of contributing federal political committee.	C				y .	,	400.	00		
Name of Employer (for Individual) Acadia Benefits, Inc.		upation (for Individual) President		Mei	no Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]							
SUBTOTAL of Receipts This Page (opt	ional)				,		484.	00		
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	NAME OF COMMITTEE (In Full)	name anu a				TUTIC	JULIONS			
\rangle	Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Chubet, Julie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 386 Main St.				^M 09	1	07	D / Y	2019	Y
	City Middletown	State CT	Zip Code 06457-3360					1334140 Receipt th	07 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00
	Name of Employer (for Individual) NFP	Occu Broł	upation (for Individual) ker		Me	emo	tem Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
в.	Full Name of Individual (Last, First, Middle Initi Sautter, Robert, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 36 South 400 West Suite 201				09	1	D 10		2019	Y
	City Vineyard	State UT	Zip Code 84058-5370					1334140		
	FEC ID number of contributing federal political committee.	C			Amount	. 01			nis Period 42.0	00
	Name of Employer (for Individual) Paylogics		upation (for Individual) nt Adviser		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]						
C.	Full Name of Individual (Last, First, Middle Initi Rome, Rebecca, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 115 Lessard St				09	1	D 07		ү ү 2019	Y
	City Donaldsonville	State LA	Zip Code 70346-2505					: 133414 Receipt th	10 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	30.0	00
	Name of Employer (for Individual) Humana		upation (for Individual) ket Manager		M	emo	o Item			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initia Pendorf, Paul, , , Mailing Address 31666 W. Nine Dr.	al) or Full Or	rganization Name		Date of Receipt											
		Ctota	Zin Codo		09		C	07		2019						
	City Laguna Niguel	State CA	Zip Code 92677-2955	A	Transaction ID : 13341412 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual) Independent Financial Group LLC	Occu Ager	ipation (for Individual) nt		M	emc	o Item	ı								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]												
В.	Full Name of Individual (Last, First, Middle Initia Bremer, Emily, Black, ,	al) or Full Oi	rganization Name		Date of	f Re	eceipt									
	Mailing Address 8000 Bonhomme Ave., # 213	Mailing Address 8000 Bonhomme Ave., # 213														
	City Saint Louis	State MO	Zip Code 63105-3515	A					334141	5 is Period						
	FEC ID number of contributing federal political committee.	С					-yr-			63.	00					
	Name of Employer (for Individual) The Bremer Group, LLC	Occu Brok	upation (for Individual) ker		M	emc	b Item	ו								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567.00]												
C.	Full Name of Individual (Last, First, Middle Initia Enders, Shannon, J., ,	al) or Full Or	rganization Name		Date of	f Re	eceipt									
	Mailing Address 5797 Harvey Street - Suite A				^M 09	1		D7	/ Y	үүү 2019	Y					
	City Norton Shores	State MI	Zip Code 49444-6727						334141 ceipt th	8 is Period						
	FEC ID number of contributing federal political committee.	С		Í	unoun		J			85.	_					
	Name of Employer (for Individual) Lakeshore Employee Benefits	Occu Broke	ipation (for Individual) er		Μ	emo	o Item	ſ								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00]												
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Full Name of Individu A. Deru, Scott, E., ,	al (Last, First, Middle Init	ial) or Full O	rganization Name	D	Date of	Re	ceipt			
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City Layton		State UT	Zip Code 84041-0336					1334142 eceipt th	20 nis Period	_
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B. Wood, Lynnette,	al (Last, First, Middle Init , , Business Park Blvd., H-1		rganization Name		Date of	Re /	D D	/ Y	YYY	Y
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City Plymouth Meeting		State PA	Zip Code 19462-1069	A				1334142 eceipt th	25 nis Period	
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committe	e to s	olicit cor	ntric	outions t	from suc	n committe	ee.		
\rangle	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Estep, Henry, V., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 3213 Snowberry Court				м м 09	1	07	D / Y	2019	Y		
	City Wilmington	State NC	Zip Code 28409-6604					1334142 Receipt th	28 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>				500.0	00		
	Name of Employer (for Individual) Griffin Estep Benefit Group	Occu Brok	upation (for Individual) ker		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
в.	Full Name of Individual (Last, First, Middle Init Galardini, Richard, F., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 7000 Stonewood Dr Suite 251				м м 09	1	08		2019	Y		
	City Wexford	State PA	Zip Code 15090-7376					1334143	nis Period			
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	Name of Employer (for Individual) JRG Advisors, LLC		upation (for Individual) irman & CEO		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00]								
с.	Full Name of Individual (Last, First, Middle Init Balla, Donald, L., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 371 Steeplechase Drive				09	1	08		y y 2019	Y		
	City Cranberry Twp	State PA	Zip Code 16066-2239				-	1334143 Receipt th	32 nis Period			
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	Name of Employer (for Individual) CHS Alera Group	Occu Brok	upation (for Individual) er		Me	emo	ttem					
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Α.	Full Name of Individual (Last, First, Middle Initi Fusco, Joan, A., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 25B Hanover Rd., Suite 220				м м 09	/	D 08) / Y	ү ү 2019]
	City Florham Park	State NJ	Zip Code 07932-1443					1334143 Receipt th		bd	-
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	Name of Employer (for Individual) Savoy Associates	Occi Brol	upation (for Individual) ker		M	emo	ttem				
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в.	Full Name of Individual (Last, First, Middle Initi Rice, Russell, Lee, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 8830 Buckskin Dr				м м 09	/	08		y y 2019	Y]
	City Boerne	State TX	Zip Code 78006-5554					1334143 Receipt th		od	
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	Name of Employer (for Individual) AVESIS, Inc.	Occ	upation (for Individual) ker		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1390.00]							
С.	Full Name of Individual (Last, First, Middle Initi Tandrow, Tara, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address P O Box 5815				09		08		2019	Y]
	City Boise	State ID	Zip Code 83705-0815					1334143 Receipt th		bd	
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	Name of Employer (for Individual) HUB International	Occi Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
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		and Statements may not be sold or used by any per ing the name and address of any political committee												
/ '	AME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmitt	ee										
	ull Name of Individual (Last, First, Middle Ini Matsushita, David, , ,	tial) or Full O	Organiz	zation Name		Date of	Re	cei	ipt					
N	Aailing Address 25B Hanover Road Suite 220					м м 09	/	E	D D 08]	/ Y	y 201		
	Dity	State NJ	Z	Zip Code 07932-1443		Trans								
F	Florham Park EC ID number of contributing ederal political committee.	C		07932-1443		Amount	of	Ea	ach R	ece	eipt thi	-	iod 50.00)
S	Jame of Employer (for Individual) Savoy Associates		•	n (for Individual) count Executive		Me	emo) Ite	em					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 450.00										
Б. В.	Full Name of Individual (Last, First, Middle Ini Shores, Thomas, E., ,	tial) or Full O	Organiz	zation Name		Date of	Re	cei	ipt					
N	/lailing Address 8596 W Bolsa Ct.					м м 09	/	Γ	08	1	/ Y	2019		
	Dity Boise	State ID	Z	Zip Code 83709-5196		Trans: Amount							iod	_
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	Name of Employer (for Individual) T.A. Shores Inc.	Occi Brol	•	on (for Individual)	_	Me	emo	o Ite	em					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 420.00											
	Full Name of Individual (Last, First, Middle Ini Theesfeld, Angela, A., ,	tial) or Full O	Drganiz	zation Name		Date of	Re	cei	ipt					
N	Jailing Address 403 Toyah Brk					м м 09	/	Γ	08	1	/ Y	2019		1
	City San Antonio	State TX	Z	Zip Code 78258-2564		Trans Amount							iod	_
	EC ID number of contributing ederal political committee.	С						,			9		42.00)
0	lame of Employer (for Individual) Davidson Camp Insurance Services, LLC		•	n (for Individual) Executive		M	emo) It	em					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 300.00										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Patrician, James, P., , Mailing Address 923 N. Plum Grove Road, Suite	-	rganization Name			ate of	Re	_	eipt		/ Y	YY	Ý
	City	State	Zip Code	_	L	09 Trans a	acti	ior	08 1 ID :	132	341442	2019 2	
	Schaumburg	IL	60173-5152		An	nount	of	Ea	ach R	lece	eipt thi	s Period	
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	Name of Employer (for Individual) Coordinated Benefits Company Receipt For:	Pres	upation (for Individual) sident Year-to-Date ▼		C	Me	emo	o It	tem				
	Other (specify) ▼		225.00										
в.	Full Name of Individual (Last, First, Middle Initi Pendergraft, Ross, W., ,	al) or Full O	rganization Name		Da	ate of	Re	ece	eipt				
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300				N	09	1	l	D D 08		/ Y	y y 2019	Ŷ
	City Woodland Hills	State CA	Zip Code 91367-6476	_							341444 eipt thi	1 s Period	
	FEC ID number of contributing federal political committee.	С			Ē			7		_	-	85.	00
	Name of Employer (for Individual) Leavitt Group	Occ Bro	upation (for Individual) ker			Me	emo	b It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 940,00]									
С.	Full Name of Individual (Last, First, Middle Initi Schwartz, Matt, B., ,	al) or Full O	rganization Name		Da	ate of	Re	ece	eipt				
	Mailing Address 2950 Breckenridge Lane, Suite	8			N	09	/	ľ	08		/ Y	y y 2019	Y
	City Louisville	State KY	Zip Code 40220-1462								341446 eipt thi	6 s Period	
	FEC ID number of contributing federal political committee.	С			Ē	_		y		_	9	85.	00
	Name of Employer (for Individual) Schwartz Insurance Group	Occi Brok	upation (for Individual) ker			Me	emo	o It	tem				
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NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
Full Name of Individual (Last, First, Middle) Garcia, J., Michael, ,	Initial) or Full O	rganization Name	[Date of	Re	eceip	ot			
Mailing Address 820 Jordan Street Suite 400				м м 09	/	D	08	/ Y	2019	Y
City Shreveport	State LA	Zip Code 71101-4522						334145	50 nis Perioc	
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Name of Employer (for Individual) Moreman,Moore & Co. Inc.		upation (for Individual) Is Manager		Me	emo) Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Full Name of Individual (Last, First, Middle B. Renkar, Christopher, J., ,	Initial) or Full O	rganization Name		Date of	Re	eceip	ot			
Mailing Address 8814 Fargo Road Suite 125				м м 09	/	D	09	/ Y	2019	Y
City Richmond	State VA	Zip Code 23229-4628	A					334145 ceipt th	i g his Perioc	
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Name of Employer (for Individual) Independent Benefits LLC	Occ Bro	upation (for Individual) ker		Me	emo) Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 570.00]							
Full Name of Individual (Last, First, Middle C. Eckard, Brenda, A., ,	Initial) or Full O	rganization Name		Date of	Re	eceip	ot			
Mailing Address 130 North 25th Street				м м 09	/	D	09	/ Y	2019	Y
City Fort Dodge	State IA	Zip Code 50501-4338						334146	30 his Perioc	
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Name of Employer (for Individual) KHI Solutions	Occi Brok	upation (for Individual) er		Me	emo	o Ite	m			
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SCHEDULE A (FEC Form 3X)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee	
Α.	Full Name of Individual (Last, First, Middle In Scholz, Paul, Joseph, ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 17445 Arbor St Suite 310 City	State	Zip Code	09 / 09 / 2019
	Omaha	NE	68130-4645	Transaction ID : 13341461 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) OCI	Occi Broł	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
в.	Full Name of Individual (Last, First, Middle In Buffington, Tammy, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3112 South 13th			09 09 2019
	City Lincoln	State NE	Zip Code 68502-4514	Transaction ID : 13341462 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) A+ Brokerage	Occ Age	upation (for Individual) ent	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
С.	Full Name of Individual (Last, First, Middle In Meredith, Griffin, , ,	itial) or Full O	organization Name	Date of Receipt
	Mailing Address 550 S 5th St Unit 303			M M / D D / Y Y Y Y 09 09 2019
	City Louisville	State KY	Zip Code 40202-4309	Transaction ID : 13341465 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00]
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$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Snowden, Scott, D., , Mailing Address 812 Lyndon Lane, Suite 10		rganization Name		Date of	Re		pt	/ Y	YYY	Y
	City	State	Zip Code		09 Trans	acti	ion	09 ID : 1	334146	2019 6	
	Ecuisville FEC ID number of contributing federal political committee.	КҮ	40222-3844		Amount	of	Eac	ch Re	ceipt th	iis Period 30.0	
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occu Brol	upation (for Individual) ker		Me	emo	o Ite	əm			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
	Full Name of Individual (Last, First, Middle Blomgren, Laura, , ,	Initial) or Full O	rganization Name		Date of	Re	eceip	pt			
	Mailing Address 935 National Parkway Suite 93550				м м 09	1	D	09	/ Y	2019	Y
	City Schaumburg	State IL	Zip Code 60173-5150	/			-		334146 ceipt th	7 nis Period	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
	Full Name of Individual (Last, First, Middle Lindsay, Robert, , ,	Initial) or Full O	rganization Name		Date of	Re	eceip	pt			
	Mailing Address 2560 Fairway Ct				09 ^M	/	L	09	/ Y	2019 [°]	Y
	City Bettendorf	State IA	Zip Code 52722-6206				-		334146 ceipt th	58 his Period	
	FEC ID number of contributing federal political committee.	C				_	y		y	85.	00
	Name of Employer (for Individual) Arthur J. Gallagher & Company	Occi Brok	upation (for Individual) er		Me	emo	o Ite	əm			
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SCHEDULE A (FEC Form 3X) -

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Α.	Full Name of Individual (Last, First, Middle Initia Rice, Lori, R., ,	al) or Full O	rganization Name			Date of	f Re	ceipt			
	Mailing Address 23787 W Insterstate 10					м м 09		09	/ Y	2019	Y
	City San Antonio	State TX	Zip Code 78257		A			on ID : 1 Each Re		i9 his Period	
	FEC ID number of contributing federal political committee.	С						y	-19-	30.	00
	Name of Employer (for Individual) Frost Insurance Agency	Occu Brok	upation (for Individ	dual)		М	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00							
в.	Full Name of Individual (Last, First, Middle Initi Haberman, Joshua, , ,	al) or Full O	rganization Name			Date of	f Re	ceipt			
	Mailing Address 9301 Bryant Ave S Suite 105					м м 09	/	09	/ Y	2019	Y
	City Bloomington	State MN	Zip Code 55420-3473	i				on ID : 1 Each Re		2 nis Period	
	FEC ID number of contributing federal political committee.	С				_		.	-19-	85.	00
	Name of Employer (for Individual) Alexander & Haberman	Occi Brol	upation (for Individ	dual)		М	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	890.00							
	Full Name of Individual (Last, First, Middle Initi Sansevieri, Paul, F., ,	al) or Full O	rganization Name			Date of	f Re	ceipt			
	Mailing Address P O Box 641					^M 09	/	D D 09	/ Y	2019	Y
	City Corona Del Mar	State CA	Zip Code 92625-0641		A			i on ID : 1 Each Re		74 nis Period	
	FEC ID number of contributing federal political committee.	С						9	y	250.	00
	Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occı Own	upation (for Individer	dual)		M	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	2250.00							
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\rangle	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Wright, Geoffrey, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 408 N Tioga Street				09	1	09		ү ү 2019	Y	
	City Ithaca	State NY	Zip Code 14850-4275					: 133414 Receipt ti	75 his Period		
	FEC ID number of contributing federal political committee.	С					-		50.	00	
	Name of Employer (for Individual) New York Life	Occu Age	upation (for Individual) Int		Me	emo	b Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
в.	Full Name of Individual (Last, First, Middle Initia Stoner, John, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 700 Central Avenue, Suite 404				м м 09	/	D 09		2019	Y	
	City Saint Petersburg	State FL	Zip Code 33701-3600					1334152			
	FEC ID number of contributing federal political committee.	С			Amount			Receipt ti	his Period 500.	00	
	Name of Employer (for Individual) John R. Stoner Organization, Inc.		upation (for Individual) Inder and President		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Sweat, Ernie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address PO Box 336				09	1	09		2019	Y	
	City Layton	State UT	Zip Code 84041-0336					: 133415 Receipt ti	24 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		365.	00	
	Name of Employer (for Individual) Fringe Benefits Analysts	Occu Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	1							
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Mailing Address 205 E River Park Circles Suite 220				09	/	D	D 9	/ Y	ү ү 2019	Y
City Fresno	State CA	Zip Code 93720-1572	_					334152		
FEC ID number of contributing federal political committee.	C			Amount	i ot	⊢ach	Heo	ceipt th	nis Period 250.	
Name of Employer (for Individual) Horstmann Financial & Ins. Services, I		upation (for Individual) President of Employee Benefits		M	emo) Item	l			
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Full Name of Individual (Last, First, Midd B. Deagle, Michael, P., ,	le Initial) or Full C	organization Name		Date of	Re	eceipt				
Mailing Address 935 National Parkway Suite 93550				м м 09	/	D)9	/ Y	ү ү 2019	Ŷ
City Schaumburg	State IL	Zip Code 60173-5150						334166 ceipt th	9 nis Period	
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Name of Employer (for Individual) BenAxis, Inc.	Occ Bro	upation (for Individual) ker		M	emo	ltem	I			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.03								
Full Name of Individual (Last, First, Midd C. Knight, Ronald David, , ,	le Initial) or Full C	organization Name		Date of	Re	eceipt				
Mailing Address PO Box 507				09	1	D 1	D 0	/ Y	2019	Ŷ
City Carrollton	State GA	Zip Code 30112-0009	-			-		334204	I8 nis Period	
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Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occ Brok	upation (for Individual) ker		M	emo	tem	1			
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Α.	Full Name of Individual (Last, First, Middle In Blanco, Jose, , ,	iitial) or Full C	rganization Name			Date of	f Re	eceip	ot			
	Mailing Address 155 2nd Avenue, North Suite 201					09			р 10		ү ү 2019	Y
	City Twin Falls	State ID	Zip Code 83301-6163		-					334204	9 is Period	
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B.	Full Name of Individual (Last, First, Middle In Norris, Michael, A., ,	itial) or Full C	rganization Name			Date o	f Re	eceip	ot			
	Mailing Address 295 E Palmer Street					09	/	D	^р 10	/ Y	y y 2019	Y
	City Franklin	State NC	Zip Code 28734-3049							334205 ceipt th	0 is Period	
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	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occ Bro	upation (for Individi ker	ual)		M	emo	b Iter	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	378.00								
с.	Full Name of Individual (Last, First, Middle In O'Connell, Daniel, J., ,	iitial) or Full C	rganization Name			Date o	f Re	eceip	ot			
	Mailing Address 5080 Spectrum Dr Suite 1200E					^M 09	/	D	^р 10	/ Y	ү ү 2019	Y
	City Addison	State TX	Zip Code 75001-4625					-		334205 ceipt th	is Period	
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	Name of Employer (for Individual) Next Level Insurance Agency		upation (for Individu President	ual)		М	emc	o Ite	m			
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Α.	Full Name of Individual (Last, First, Middle Initi Nigro, Samuel, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 17117 Oak Drive Suite D				^M 09	1	D 1(Y Y Y 2019	Y]
	City Omaha	State NE	Zip Code 68130-2193					: 133420 Receipt)52 this Perio	d	
	FEC ID number of contributing federal political committee.	С					-y 1		8	5.00	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 915.00]							
B.	Full Name of Individual (Last, First, Middle Initi Fear, David, L., ,	al) or Full O	rganization Name		Date of	^F Re	eceipt				
	Mailing Address 400 Sunrise Avenue, #150				M M 09	1	D 1(2019	Y	1
	City Roseville	State CA	Zip Code 95661-4106					: 133420		al	
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	Name of Employer (for Individual) Shepler & Fear General Agency, Inc	Occi Brol	upation (for Individual) ker		M	emo	o Item				
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	Other (specify)		240.00	_							
C.	Full Name of Individual (Last, First, Middle Initi Kelley, Dianne, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 7320 N La Cholla Blvd. #154-219				09 ^M	/	D 1(y y y 2019	Y	
	City Tucson	State AZ	Zip Code 85741-2309					: 133420 Receipt)57 this Perio	d	
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	Name of Employer (for Individual) Sandbrook Group		upation (for Individual) Broker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]							
	UBTOTAL of Receipts This Page (optional)			•			7	· · ·	178	3.00	7

SCHEDULE A (FEC Form 3X)

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			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
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	Political Action Com	mittee	
Full Name of Individual (Last Stock, Tiffany, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3111 C St. Suite 500			09 10 / Y Y Y Y 2019
City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : 13342059 Amount of Each Receipt this Period
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Name of Employer (for Indivi RISQ Consulting	idual) Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 378.00]
Full Name of Individual (Last B. Davis, Todd, A., ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4109 Benner			09 / D D / Y Y Y Y 2019
City	State TX	Zip Code	Transaction ID : 13342061
Austin		78746-1920	Amount of Each Receipt this Period
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Name of Employer (for Indivi Capital Insurance Managers, I		upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date V	_
Other (specify) ▼	ral	270.00]
Full Name of Individual (Last C. Kunkle, Mark, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P O Box 624	43		09 10 Y Y Y Y 2019
City Reading	State PA	Zip Code 19610-0243	Transaction ID : 13342062 Amount of Each Receipt this Period
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Name of Employer (for Indivi Power Kunkle Group, Inc.		upation (for Individual) sident	Memo Item
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	ımi	ttee												
	Full Name of Individual (Last, First, Middle Init Kinkade, E. Andrea, , ,	ial) or Full C)rga	nization Name		Date	e o	f Re	ec	eip	t					
_	Mailing Address 2340 Detroit Ave 3rd Floor City	State		Zip Code		C)9				10	'		20) 19	Y
	Maumee	OH		43537-3766									42064		eriod	
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	Name of Employer (for Individual) Kaminsky & Associates, Inc	Occ Bro	•	tion (for Individual)			Μ	emo	0	lter	n					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00												
	Full Name of Individual (Last, First, Middle Init Carlson, Charles, , ,	ial) or Full C)rga	nization Name		Date	e o'	f Re	ec	eip	t					
١	Mailing Address 4862 East Baseline Rd. #101						™ 09	/	'	D	D 10	1	Y	ү 20 ⁻	19 [°]	Y
	City Mesa	State AZ		Zip Code 85206-4668									42066 ipt thi		eriod	
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	Full Name of Individual (Last, First, Middle Init Wilcox, David, V., ,	ial) or Full C)rga	nization Name		Date	e o'	f Re	ec	eip	t					
_	Mailing Address 195 River Vista Place Suite 206	1					09 [™]	1	′		10 D	1	Y	ү 20	19 [°]	Y
	City Twin Falls	State ID		Zip Code 83301-3189									885647		eriod	
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I	Name of Employer (for Individual) Magic Valley Insurance, Inc.	Occu Brok		tion (for Individual)			Μ	emo	0	ltei	m					
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SCHEDULE A (FEC Form 3X)

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City Anchorage	State AK	Zip Code 99501-1949					: 1338566 Receipt th	56 nis Period	
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Name of Employer (for Individual) Moda Health		upation (for Individual) cutive Director		М	emo	o Item			
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Full Name of Individual (Last, First, Mide B. Brannon, William, J., ,	dle Initial) or Full O	rganization Name	D	ate of	f Re	eceipt			
Mailing Address 2 Terrace Way, Suite B				м м 09	/	D 11		2019	Y
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Name of Employer (for Individual) Group US, Inc.	Occ Bro	upation (for Individual) ker	1	М	emo	o Item			
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Other (specify)		300.00							
Full Name of Individual (Last, First, Mide C. Moore, Robert, L., ,	dle Initial) or Full O	rganization Name	D	ate of	f Re	eceipt			
Mailing Address 1644 Plank Rd				^M 09	/	D 11		y y 2019	Y
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Name of Employer (for Individual) L.R. Webber Associates, Inc.	Occu Brok	upation (for Individual) er		М	em	o Item			
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	Mailing Address 6500 City West Parkway Suite 100					м м 09	/	L	D D 11	/	Y Y Y 2019	Ŷ
	City Eden Prairie	State MN		Zip Code 55344-7704				-		133856 eceipt	573 this Perio	d
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Name of Employer (for Individual) Van Nest Ventures Inc	Occ Bro	upation (for Individual) ker		M	emo) Iter	m				
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Full Name of Individual (Last, First, Midd B. Fairbairn, Nicole, , ,	lle Initial) or Full C	Prganization Name		Date of	f Re	eceip	ot				
Mailing Address 8069 Little Circle Road				м м 09	/	D	р 12	/ Y	2019	(Y	1
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Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occ Bro	upation (for Individual) ker		M	emo	lter	m				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
Full Name of Individual (Last, First, Midd C. Pierce, Mary, Jeannette, ,	lle Initial) or Full C	rganization Name	-	Date of	f Re	eceip	ot				
Mailing Address 500 NE Multhomah St. #	±100			м м 09	/	D	л 12	/ Y	2019		
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Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) ount Manager		M	emc) Itei	m				
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\setminus	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Underwriters Political Act	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle Initi Riensche, Glen, E., ,	ial) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 7501 O St Ste 104				м м 09	/	D 12		ү ү 2019	Y	
	City Lincoln	State NE	Zip Code 68510-2485					: 1338631 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>					0.00]
	Name of Employer (for Individual) RHD Financial		upation (for Individual) ancial Professional		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1							
в.	Full Name of Individual (Last, First, Middle Initi Whitehead, Lisa, , ,	ial) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 2720 E. Camelback Rd. Suite 275				м м 09	/	D 12		y y 2019	Y	
	City Phoenix	State AZ	Zip Code 85016-4341	-				1338631		4	
	FEC ID number of contributing federal political committee.	С			Amoun			Receipt th		u).00]
	Name of Employer (for Individual) Wincline		upation (for Individual) plovee Benefits Advisor		М	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 270.00	1							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Gertz, Josh, , ,	ial) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 353 N Clark St				09	1	D 12		ү ү 2019	Y	
	City Chicago	State IL	Zip Code 60654-4704					: 133863 1 Receipt th	-	d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		85	5.00	
	ALLIANT INSURANCE		upation (for Individual) npliance Project Specialist		M	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	1							
s	UBTOTAL of Receipts This Page (optional)			•	[.		,	. ,	145	.00]
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11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Hagen, David, P., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1045 Wykoff Way				м м 09	/	D 12) / Y	ү ү 2019	Y
	City Laguna Beach	State CA	Zip Code 92651-3036					1338631 Receipt th		
	FEC ID number of contributing federal political committee.	С					-		30.	
	Name of Employer (for Individual) Hagen Insurance & Financial Services Receipt For:	Occu Brok	upation (for Individual) ker		M	emo	tem			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
в.	Full Name of Individual (Last, First, Middle Init Perry, Amy, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 851 International Pkwy Suite 120 City	State	Zip Code		м м 09	/	D 12		2019	Y
	Richardson	TX	75081-2804	-			-	1338631 Receipt th		
	FEC ID number of contributing federal political committee.	С							30.	00
	Name of Employer (for Individual) OneDigital		upation (for Individual) ior Account Manager		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
<u>с.</u>	Full Name of Individual (Last, First, Middle Init May, Robert, L., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1416 East Main Suite A				09 ^M	1	D 12		y y 2019	Y
	City Puyallup	State WA	Zip Code 98372-3170					1338631 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. <u>,</u>	30.	00
	Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1						
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	y information copied from such Reports and Sta for commercial purposes, other than using the								ng con		
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 12138 Big Canoe	-1			09	1	D 12)19	Ŷ
	City Big Canoe	State GA	Zip Code 30143-5157					: 13386 3 Receipt		eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>					100.0	0
	Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	1							
в.	Full Name of Individual (Last, First, Middle Initia Buffum, Ronald, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 106 South Harris Street # 237	State	Zip Code		м м 09	/	D 13		Y Y 20	19	ſ
	City Round Rock	TX	Zip Code 78664-6081					: 133867 Receipt		eriod	
	FEC ID number of contributing federal political committee.	С					7			42.00	0
	Name of Employer (for Individual) The Buffum Group LLC	Occi Brol	upation (for Individual) ker		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]							
С.	Full Name of Individual (Last, First, Middle Initia Blakely, Russ, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 246 E 11th Street Suite 302				09	/	D 13	3	20	19	Ý
	City Chattanooga	State TN	Zip Code 37402-4269					: 133867 Receipt		eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, y		85.00	0
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occu Brok	upation (for Individual) er		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	1							
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,		227.00)
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	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	solicitin	g con	tributio	ons
$\overline{)}$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittaa								
/	Health Underwhiers Political Act	ion Com	millee								
A.	Full Name of Individual (Last, First, Middle Initia Daugherty, Cathy, M., ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt				
	Mailing Address 1122 East Lincoln Avenue Suite 203	-1			м м 09	/	D 13		20 ⁻	19	
	City Orange	State CA	Zip Code 92865-1908					133867 Receipt t		əriod	
	FEC ID number of contributing federal political committee.	С			_					85.00)
	Name of Employer (for Individual) Bridge Port Benefits	Occu Part	upation (for Individual) mer		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00								
B.	Full Name of Individual (Last, First, Middle Initia Schiebel, AI, C., ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt				
	Mailing Address 10 Glenlake Parkway North Tower, Suite 1050		- 1		м м 09	1	13		201	ү 19	
	City Atlanta	State GA	Zip Code 30328-3495					133867 8 Receipt t		ariod	
	FEC ID number of contributing federal political committee.	С			nouri				lis re	45.00)
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occi Brol	upation (for Individual) ker		M	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00	1							
с.	Full Name of Individual (Last, First, Middle Initia Sherrill, David, M., ,	al) or Full O	rganization Name	D	ate of	f Re	eceipt				
	Mailing Address 498 Palm Springs Dr, Suite 270				^M 09	/	13		201	19	
	City Altamonte Springs	State FL	Zip Code 32701-7805					133867 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	С		ļ	-		, .	. ,	_	30.00)
	Name of Employer (for Individual) Sherrill Insurance Brokerage	Occu Brok	upation (for Individual) xer		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00								
s	UBTOTAL of Receipts This Page (optional)				-		,	,	_	160.00)
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			Detailed Summary Page	×	11a 13		11b		11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose		oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Matznick, Michael, E., ,	ial) or Full C	Drganization Name		Date of	Re	ceipt					
	Mailing Address 3150 N. Elm Street Suite 201 City	State	Zip Code		09 09	/	the second s	3	/ Y	1.00	019	Y
	Greensboro	NC	27408-3840	A					338678 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					-		-	_	42.0	0
	Name of Employer (for Individual) EbenConcepts Company	Occ Bro	cupation (for Individual) ker		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00									
в.	Full Name of Individual (Last, First, Middle Initi Evans, Joseph, M., ,	ial) or Full C	Drganization Name		Date of	Re	ceipt					
	Mailing Address 8450 Hickman Road Suite 2				м м 09	1	D 1	р 3	/ Y	20)19	Y
	City Des Moines	State IA	Zip Code 50325-4308				-		338678 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					-		-9-	_	42.0	0
	Name of Employer (for Individual) Colonial Life		cupation (for Individual) oker		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00									
с.	Full Name of Individual (Last, First, Middle Initi Aszklar, Paul, , ,	ial) or Full C	Drganization Name		Date of	Re	ceipt					
	Mailing Address 67 Walnut Avenue Suite 304				^M 09	/	D 1	Ъ 3	/ Y)19 [°]	Y
	City Clark	State NJ	Zip Code 07066-1640	A			-		338679 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С			_		,		,	_	30.0	0
	Name of Employer (for Individual) Kistler Tiffany Benefits	Occ Brok	upation (for Individual) ker		M	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00									
s	UBTOTAL of Receipts This Page (optional)			. [,		9		114.0	0
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mide Schroeder, Scott, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 300 East First Street P O Box 327			09 / 13 / Y Y Y 2019
City Mechanicsville	State IA	Zip Code 52306-0327	Transaction ID : 13386791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Schroeder & Associates		upation (for Individual) sident/Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00]
Full Name of Individual (Last, First, Mide 3. Lee, Philip, W., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 935 Moraga Road Suite 240			09 14 2019
City Lafayette	State CA	Zip Code 94549-4542	Transaction ID : 13387430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) sident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
Full Name of Individual (Last, First, Mide Trevino, Terrie, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1822 E Townline Way			09 / 14 / Y Y Y Y 09 14
City Meridian	State ID	Zip Code 83646-6511	Transaction ID : 13387431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) PayneWest Insurance Receipt For:	Occi Brok	upation (for Individual) er	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 282.00]
SUBTOTAL of Receipts This Page (option	nal)		102.00
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SCHEDULE A (FEC Form 3X) -

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)	L								
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	× 11a	11b	11c 15	12	17						
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid Durand, Tina, , ,	dle Initial) or Full C	organization Name	Date o	of Receipt									
Mailing Address 4717 Gollihar Road			09 14 2019										
City Corpus Christi	State TX	Zip Code 78411-1947		saction ID : nt of Each R			_						
FEC ID number of contributing federal political committee.	С					42.0	00						
Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi	Occ Brol	upation (for Individual) ker		lemo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.00]										
Full Name of Individual (Last, First, Mid B. Sherrod, Jeffrey, , ,	dle Initial) or Full C	organization Name	Date o	of Receipt									
Mailing Address 3810 Holly Ridge Drive			09	/ D D		y y 2019	Y						
City Longview	State TX	Zip Code 75605-2500		Transaction ID : 13387436 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) United Healthcare Group		Occupation (for Individual) Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]										
Full Name of Individual (Last, First, Mid C. Smith, Michael, David, ,	dle Initial) or Full C	Prganization Name	Date o	of Receipt									
Mailing Address 6200 Stone Hill Farms	Parkway		09	M = M / D = D / Y = Y = Y									
City Flower Mound	State TX	Zip Code 75028-4312		saction ID : nt of Each R									
FEC ID number of contributing federal political committee.	С			, , , , , , , , , , , , , , , , , , ,	, y	30.0	00						
Name of Employer (for Individual) The Brokerage, Inc.	Occ Brok	upation (for Individual) ker		lemo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 920.00	1										
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	y person for the purpose of soliciting contributions tee to solicit contributions from such committee.									
Action Committee										
	Date of Receipt									
NJ 08057-3339	Transaction ID : 13387438 Amount of Each Receipt this Period									
С	30.00									
Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 270.00	Memo Item									
Name of Individual (Last, First, Middle Initial) or Full Organization Name astellani, Lorelei, G., , iling Address PO Box 905										
State NJ Zip Code 07826-0905 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	09 14 2019 Transaction ID : 13387439 Amount of Each Receipt this Period 30.00 Memo Item									
Initial) or Full Organization Name	Date of Receipt									
State Zip Code ID 83201-6177 C Occupation (for Individual) Broker	09 14 2019 Transaction ID : 13387441 Amount of Each Receipt this Period 30.00 Memo Item									
	d Statements may not be sold or used by any the name and address of any political commit Action Committee initial) or Full Organization Name State Zip Code 08057-3339 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 270.00 P Initial) or Full Organization Name State Zip Code 07826-0905 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 270.00 P Initial) or Full Organization Name State Zip Code 07826-0905 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 270.00 P Initial) or Full Organization Name									

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middl A. Patton, Rhonda, L., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address PO Box 751180			09 / 14 / Y Y Y Y Y 09 14						
City Petaluma	State CA	Zip Code 94975-1180	Transaction ID : 13387445 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Patton & Spahr Insurance Services Receipt For:	Insu	upation (for Individual) Irance Agent	Memo Item						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
Full Name of Individual (Last, First, Midd Jones, Cynthia, M., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1918 Riverside Drive			09 / 14 / 2019						
City Los Angeles	State CA	Zip Code 90039-3705	Transaction ID : 13387448 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Dickerson Insurance Services		upation (for Individual) keting Director	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1						
Full Name of Individual (Last, First, Midd C. Walker, Mychal, H., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3455 Peachtree Ind Blvd	Ste 305		09 / 14 2019						
City Duluth	State GA	Zip Code 30096-9102	Transaction ID : 13387449 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		63.00						
Name of Employer (for Individual) Tricomm Financial Services	Occ Brok	upation (for Individual) xer	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00	1						
SUBTOTAL of Receipts This Page (optiona	l)		123.00						
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	Detailed Summary Page	▶ 11a 11b 11c 12								
		13 14 15 16 17								
or for commercial purposes, other than using		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee									
Full Name of Individual (Last, First, Middle Hain, Erica, R., ,	e Initial) or Full Organization Name	Date of Receipt								
Mailing Address MC 32-20 100 North Academy Aven		09 / D D / Y Y Y Y 2019								
City Danville	State Zip Code PA 17822-0001	Transaction ID : 13387451 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	100.00								
Name of Employer (for Individual) Geisinger Health Plan	Occupation (for Individual) Senior Director, Commercial Sale	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00									
Full Name of Individual (Last, First, Middle Carter, Lori, , ,	e Initial) or Full Organization Name	Date of Receipt								
Mailing Address 27 Locksley Place		09 15 2019								
City Forest	StateZip CodeVA24551-4149	Transaction ID : 13387453 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	42.00								
Name of Employer (for Individual) Thompson - Brooks Insurance	Occupation (for Individual) Broker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00]								
Full Name of Individual (Last, First, Middle Manning, Richard, K., ,	e Initial) or Full Organization Name	Date of Receipt								
Mailing Address 10315 Woodley Avenue,	#131	09 15 2019								
City Granada Hills	StateZip CodeCA91344-6953	Transaction ID : 13387454 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	85.00								
Name of Employer (for Individual) Accessible Health Insurance Services.	Occupation (for Individual) Broker	Memo Item								
Receipt For:	Aggregate Year-to-Date ▼ 765.00									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Easterling, Sy, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 213 Porter Ave			09 15 2019									
	City Biloxi	State MS	Zip Code 39530-2950	Transaction ID : 13387455 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		upation (for Individual) President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1									
B.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address PO Box 1277			09 / D D / Y Y Y Y 15 2019									
Ē	City Bloomington	State IN	Zip Code 47402-1277	Transaction ID : 13387456 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Hoosier Dental Plans												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
С.	Full Name of Individual (Last, First, Middle Initia Rider, Susan, M., ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 803 Touralosa Dr			09 / D D / Y Y Y Y 2019									
	City Westfield	State IN	Zip Code 46074-7303	Transaction ID : 13387460 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		63.00										
	Name of Employer (for Individual) Gregory & Appel Insurance Receipt For:	Brok		Memo Item									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 567.00	1									
s	UBTOTAL of Receipts This Page (optional)			123.00									
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<u> </u>	NAME OF COMMITTEE (In Full)							lioni	ouon					
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia White, Raymond, M., ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address PO Box 10487													
	City Bedford	State NH	Zip Code 03110-0487				ion ID Each			3 is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				Ţ	500.	00			
	Name of Employer (for Individual) Cornerstone Benefit & Retirement Group	Occu Brok	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]										
в.	Full Name of Individual (Last, First, Middle Initia Hynes, Bernard, J., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 3200 N. Central Ave. Suite 1170				09	1	16		Y	y y 2019	Y			
	City Phoenix	State AZ	Zip Code 85012-2419				ion ID Each			0 is Period				
	FEC ID number of contributing federal political committee.	С							-y	30.	00			
	Name of Employer (for Individual) Hynes Benefits Consulting, LLC		upation (for Individual) cipal		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
C.	Full Name of Individual (Last, First, Middle Initia Sullivan, Audra, I., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1201 N Watson Rd Ste 287	01-1-	7. 0.4		09		16	6		2019	Y			
	City Arlington	State TX	Zip Code 76006-6222				i on ID Each			3 is Period				
	FEC ID number of contributing federal political committee.	С			Ľ.		y		y	42.	00			
	Name of Employer (for Individual) Vogue Insurance Agency, LLC	ue Insurance Agency, LLC Brok				emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 306.00]										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	ımi	ttee												
A.	Full Name of Individual (Last, First, Middle Ini Jurney, Gary, , ,	tial) or Full O		Date of Receipt												
	Mailing Address 16545 Village Drive, Bldg B	Otata		7		l	09		/	L	16			20	019	Y
	City Jersey Village	State TX		Zip Code 77040-1158									38747		oriod	
	FEC ID number of contributing federal political committee.	C						Amount of Each Receipt this Period 85.00								
	Name of Employer (for Individual) Kainos Partners Inc	Occupation (for Individual) President						Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 680.00]											
в.	Full Name of Individual (Last, First, Middle Ini Guzman, Wayne, , ,	tial) or Full O)rgar	nization Name		D	ate o	of Re	ec	ceij	pt					
	Mailing Address 8608 Utica Ave, Suite 220WG						09 16 / Y Y Y Y 2019									
	City Rancho Cucamonga	r of contributing						Transaction ID : 13387479 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.							30.00								
	Name of Employer (for Individual) Goosehead Insurance	Occupation (for Individual) Broker						Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 270.00]											
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Owens, David, Patrick, ,	tial) or Full O)rgar	nization Name		D	ate o	of Re	ec	ceij	pt					
	Mailing Address 101 Eisenhower Parkway Second Floor			1		l	^M 09	1	/		16		/ Y)19 [°]	Y
	City Roseland	State NJ		Zip Code 07068-1032	_	A			-	-		-	38748 eipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С	_			ļ	_		,	,	_	-	y	_	85.	
	Name of Employer (for Individual) E.B. Cohen & Co., Inc.	Occupation (for Individual) Principal						lem«	0	lte	m					
	Receipt For: Primary General Other (specify)	ar-to-Date ▼ 765.00]													
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\ \	IAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee															
F A	ull Name of Individual (Last, First, Middle Biers, Danielle, , ,	Initial) or Full C	rganization Name		[Date of Receipt												
_	Aailing Address 3800 N. Central Ave., 9th F	loor			09 / D D / Y Y Y Y Y 16 2019													
	Sity Phoenix	State AZ	Zip Code 85012-1979		Transaction ID : 13387491 Amount of Each Receipt this Period													
	EC ID number of contributing ederal political committee.	С						.		-	30.0	00						
E	lame of Employer (for Individual) Black, Gould & Associates		upation (for Individual) ount Executive			Me	emo	Item										
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2	70.00]													
	ull Name of Individual (Last, First, Middle Wallace, Keith, , ,	Initial) or Full C	rganization Name			Date of	Re	ceipt										
_	Aailing Address 1400 Broadway	uss 1400 Broadway							09 / D D / Y Y Y Y Y 2019									
	Sity Sellingham	StateZip CodeWA98225-3036								Transaction ID : 13387492 Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.					,		-9	250.0	00								
V	Jame of Employer (for Individual) Vallace-Rice Benefits, LLC	Occ Bro	upation (for Individual) ker		Me	emo	Item											
Ē	Receipt For: Primary General Other (specify) ▼																	
	ull Name of Individual (Last, First, Middle Shears, Debra, S., ,	Initial) or Full C	rganization Name			Date of	Re	ceipt										
_	Aailing Address 2961 Centerville Road Suite 300		1			м м 09	1	D 1	6		ү ү 2019	Y						
	Sity Wilmington	State DE	Zip Code 19808-1671		A			-		338749 ceipt th	94 nis Period							
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١	lame of Employer (for Individual) Veiner Benefits Group Receipt For:	Occ Part		Me	emo	Item												
Į	Primary General Other (specify)																	
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl A. Douglas, James, F., ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 17322 Whetmore Lane			M M / D D / Y Y Y Y 09 16 2019								
City Huntington Beach	State CA	Zip Code 92647-5600	Transaction ID : 13387496 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		35.00								
Name of Employer (for Individual) Health Sync Insurance Receipt For:	Vice	upation (for Individual) President Employee Benefits	Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.00	1								
Full Name of Individual (Last, First, Middl B. Ramsay, Robert, Gene, ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1836 Harrison Drive			09 17 Y Y Y Y 2019								
City	State AL	Zip Code	Transaction ID : 13388264								
Gardendale FEC ID number of contributing federal political committee.	C	35071-3468	Amount of Each Receipt this Period 30.00								
Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) nefits Advisor	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
Full Name of Individual (Last, First, Middl C. Tompkins, Daniel, R., ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1720 Windward Concour Suite 290			09 / D D / Y Y Y Y Y 2019								
City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 13388266 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Admin America, Inc.	Occi Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 815.00]								
SUBTOTAL of Receipts This Page (optional	al)		150.00								
TOTAL This Period (last page this line nun	nber only)										

SCHEDULE A (FEC Form 3X)

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PAGE 57 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Midd AAmeling, Mary, K, ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1202 Wood Lily Circle			09 17 2019
City Leland	State NC	Zip Code 28451-7686	Transaction ID : 13388267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I		upation (for Individual) ducer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Midd B. Wolfe, Rosanne, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO Box 17236			09 17 2019
City Tucson	State AZ	Zip Code 85731-7236	Transaction ID : 13388270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	
Full Name of Individual (Last, First, Midd Bailey, Andrea, , ,	,	rganization Name	Date of Receipt
Mailing Address 3800 N. Central 9th Floo			09 / D D / Y Y Y Y 17 2019
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 13388274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Black, Gould & Associates Receipt For:	Pres	upation (for Individual) ident	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	1
SUBTOTAL of Receipts This Page (optiona	al)		90.00
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17	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	ck onl	ly o	ne)				
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	f soliciting	g contrib		IS
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Dalrymple, Eric, Douglas, ,	al) or Full O	rganization Name	D	ate o	f Re	eceipt				
	Mailing Address 1402 Pankratz Street, Ste 103				м м 09	/	D 17		ү ү 2019	Y	
	City Madison	State WI	Zip Code 53704-4046					: 1338827 Receipt tl		d	
	FEC ID number of contributing federal political committee.	С							30	0.00	
	Name of Employer (for Individual) Vista Benefits		upation (for Individual) ker/Owner		Μ	lemo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1							
B.	Full Name of Individual (Last, First, Middle Initia King, Colleen, , , Mailing Address 8427 Beckford Ave.	al) or Full O	rganization Name	_	ate o		eceipt		YY	v	_
	City	State	Zip Code	_ L	09		17		2019	- 1	
	Northridge	CA 91324-4208						: 1338827 Receipt tl		d	
	FEC ID number of contributing federal political committee.	С							42	2.00	
	Name of Employer (for Individual) Colleen King Insurance Agency		upation (for Individual) nder/Owner	1	М	lemo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	1							
С.	Full Name of Individual (Last, First, Middle Initia Brody, Andrea, , ,	al) or Full O	rganization Name	D	ate o	f Re	eceipt				
	Mailing Address 6018 E Lowden Rd.				^M 09	/	D 18		2019	Y	
	City Cave Creek	State AZ	Zip Code 85331-3004					: 133889: Receipt tl		d	
	FEC ID number of contributing federal political committee.	С					,	,	38	3.00	
	Name of Employer (for Individual) RXBenefits		upation (for Individual) President of Business Developm	en	M	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00								
	UBTOTAL of Receipts This Page (optional)						, ,		11(0.00	7

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11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)									
\rangle	Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Buechler, Anthony, C, ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1203 Colonial Circle				09	1	D 18		2019	Y
	City Papillion	State NE	Zip Code 68046-6109					: 133889 2 Receipt tl	22 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00
	Name of Employer (for Individual) Buechler Insurance Services	Occu Brok	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Cogdill, Barry, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 4710 4th Street Ste. 300		7.01		09	/	D 18		2019	Y
	City La Mesa	State CA	Zip Code 91941-5384					1338892	23 his Period	
	FEC ID number of contributing federal political committee.	С							30.0	00
	Name of Employer (for Individual) Business Choice Insurance Services		upation (for Individual) sident		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
C.	Full Name of Individual (Last, First, Middle Initi Scott, Nicole, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 6200 Northwest Pkwy	1-			09	J.	D 18		2019	Y
	City San Antonio	State TX	Zip Code 78249-3348					: 133889 Receipt ti	26 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30.0	00
	Name of Employer (for Individual) United Healthcare	Occu Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
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F A. (ull Name of Individual (Last, First, Middle Initia Griffey, Don, R., ,	al) or Full C	rganiz	ation Name		Date of	f Re		eipt					
	lailing Address 56294 Prim Rose Circle					M M M	_		18		/ Y)19	Y
	ity Elkhart	State IN	Z	ip Code 46516-1509		Trans Amount					338892		eriod	
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н	ame of Employer (for Individual) lailey-Campbell, Inc	Occ Brol	•	n (for Individual)		M	emo	o l'	tem					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 750.00										
	ull Name of Individual (Last, First, Middle Initia Rose, Vincent, J., ,	al) or Full C	rganiz	ation Name		Date of	f Re	ece	eipt					
M	lailing Address 620 South Lake Street					м м 09	/	ľ	D [/ Y	y 20	ү 19	Y
	ity /arquette	State MI		ip Code 49855-5150		Trans Amount					388928 eipt thi		eriod	_
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	ull Name of Individual (Last, First, Middle Initia Samuels, Cindy, , ,	al) or Full C	rganiz	ation Name		Date of	f Re	ece	əipt					
M	lailing Address 8430 W Lake Mead #100					^M 09	/	ľ	D 18		/ Y		19	Y
	ity .as Vegas	State NV		ip Code 89128-7674		Trans Amount					338893 eipt thi		eriod	
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	Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 450.00										
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	y information copied from such Reports and S for commercial purposes, other than using the					foi	r the		po	se of	soli	citing	contribu	tions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmit	ttee										
Α.	Full Name of Individual (Last, First, Middle Init Stephens, Ken, A., , Mailing Address 1125 E Lakewood Street	tial) or Full O)rgar	nization Name			ate of	Re	ece	·				
	City	State		Zip Code		L	09 Frans) /	ior	09 09			2019	Y
	Springfield	MO		65810-2434					-				s Period	
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	Name of Employer (for Individual) Employee Benefit Design LLC	Occi Broł	•	ion (for Individual)			Me	emo	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00										
в.	Full Name of Individual (Last, First, Middle Ini Brooks, Mark, , ,	tial) or Full O	rgar	nization Name		Da	ate of	Re	ece	eipt				
	Mailing Address P.O. Box 10876						09	1	l	^{D D} 19	/	Y	y y 2019	Y
	City Lynchburg	State VA		Zip Code 24506-0876			Frans a nount						s Period	
	FEC ID number of contributing federal political committee.	С	_			Ē			-			-	30.	00
	Name of Employer (for Individual) Personal Design Financial Services, In	Occ Bro		tion (for Individual)			Me	emo	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 270.00										
с.	Full Name of Individual (Last, First, Middle Ini Ward, Michael, , ,	tial) or Full O)rgar	nization Name		Da	ate of	Re	ece	eipt				
	Mailing Address 3219 E. Camelback Road #569			I		L	09 ^M	/	l	D D 19			2019	Y
	City Phoenix	State AZ		Zip Code 85018-2307			Trans						3 s Period	
	FEC ID number of contributing federal political committee.	С	_				nount	. OI				,	42.	00
	Name of Employer (for Individual) Emerging Benefits Consultants, LLC	Occi Brok		ion (for Individual)			Me	emc	o li	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 378.00										
s	UBTOTAL of Receipts This Page (optional)			••••••	•				,			9	572.	00
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SCHEDULE A (FEC Form 3X) _ _ _ _ .

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mido Stewart, Rachel, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1119 E Blackhawk Dr			09 / D D / Y Y Y Y 09 19 2019
City Phoenix	State AZ	Zip Code 85024-4178	Transaction ID : 13389534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) RS Assurance	Occi Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
Full Name of Individual (Last, First, Mido B. Denz, Stephanie, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1100 Wild Ginger Lane			09 19 2019
City Fleming Island	State FL	Zip Code 32003-3224	Transaction ID : 13389535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Aetna		upation (for Individual) keting Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
Full Name of Individual (Last, First, Mido C. Powell, Rita, H., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3342 Greystone Way			09 19 2019
City Valdosta	State GA	Zip Code 31605-1096	Transaction ID : 13389540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.00
Name of Employer (for Individual) H&H Insurance Solutions, Inc.	Occi Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 567.00]
SUBTOTAL of Receipts This Page (option	al)		178.00
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	information copied from such Reports and St or commercial purposes, other than using the											
	IAME OF COMMITTEE (In Full)											
<u>}</u> ⊦	Health Underwriters Political Act	tion Com	mittee									
A	ull Name of Individual (Last, First, Middle Initi Raymond, Garrin, Mitchell, ,	ial) or Full C	organization Name		Date of	Re	ecei	ipt				
_	failing Address 13201 N.W. Fwy. Suite 265				^M 09	1	E	20	/ Y		019	Y
	Dity	State TX	Zip Code						1338958			
_	Houston		77040-6165	_	Amount	of	Ea	ach R	eceipt th	nis P	'eriod	
	EC ID number of contributing ederal political committee.	C					-			_	30.0	00
	lame of Employer (for Individual) Iorthwest General	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For:	Anareaate	Year-to-Date ▼	_								
	Other (specify) ▼		370.00	1								
	ull Name of Individual (Last, First, Middle Initi Weirich, Lynn, , ,	ial) or Full C	Organization Name		Date of	Re	ecei	ipt				
_	Aailing Address 500 N Loop 1604 E Ste 250				м м 09	1	Γ	20	/ Y)19	Y
C	Sity	State	Zip Code		Trans	acti	ion	ID : 1	1338958	38		
5	San Antonio	ТХ	78232-1240		Amount	of	Ea	ach R	eceipt th	nis P	'eriod	
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	lame of Employer (for Individual) usiness Financial Group		upation (for Individual) ker		Me	emo	o Ite	em				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1								
	ull Name of Individual (Last, First, Middle Initi Bartholomew, Rhonda, , ,	ial) or Full C	Organization Name		Date of	Re	ecei	ipt				
	Aailing Address PO Box 5099				м м 09	/	Γ	20	/ Y)19 [°]	Y
	Sity	State	Zip Code		Trans	acti	ion	ו ID :	133895	39		
_	Twin Falls	ID	83303-5099		Amount	of	Ea	ach R	eceipt th	nis P	'eriod	
	EC ID number of contributing ederal political committee.	С					y		, ,		42.0	00
	lame of Employer (for Individual) IUB International		upation (for Individual) up Division Manager		M	emo	o Ite	em				
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		382.00									
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check of	nly o	ne)	L		
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a		11b	11c 15	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the		pose of	soliciting	contribut	tions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Midd Greene, Sean, C., ,	lle Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 6096 Innovation Way			M 09		D D D 21) / Y	2019	Y
City Carlsbad	State CA	Zip Code 92009-1741				1339007 Receipt th	9 is Period	
FEC ID number of contributing federal political committee.	С			_	-y-		30.0	00
Name of Employer (for Individual) Morrison Insurance Services Receipt For:	Em	upation (for Individual) oloyee Benefit Specialist Year-to-Date ▼		Vemo	o Item			
Primary General Other (specify) ▼		420.00]					
Full Name of Individual (Last, First, Midd B. Johnson, Sandra, , ,		rganization Name	Date	of Re	eceipt			
Mailing Address 12500 Network Blvd, # 4	1	7. 0.1	09		21) / Y	2019	Y
City San Antonio	State TX	Zip Code 78249-3310				1339008	1 is Period	
FEC ID number of contributing federal political committee.	С						30.0	00
Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occ Bro	upation (for Individual) ker		Vemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]					
Full Name of Individual (Last, First, Midd C. Farrell, Jennifer, Liane, ,		rganization Name	Date	of Re	eceipt			
Mailing Address 3800 North Central Aver 9th Floor City	State	Zip Code	09)	21		2019	Y
Phoenix	AZ	85012-1979					is Period	
FEC ID number of contributing federal political committee.	C				y .	, ,	85.0	00
Name of Employer (for Individual) Black, Gould & Associates	Occ Brok	upation (for Individual) ker		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1140.00	1					
SUBTOTAL of Receipts This Page (option	al)				y	. y	145.0	00
TOTAL This Period (last page this line nur	nber only)		. []		-			

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any ng the name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Committee	
Full Name of Individual (Last, First, Midd A. McDermott, H., Luke, ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 883 West Baxter Drive		09 21 Y Y Y Y 2019
City South Jordan	StateZip CodeUT84095-8506	Transaction ID : 13390084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) McDermott Company & Associates Receipt For:	Occupation (for Individual) Broker	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Midd B. Leavitt, Scott, A., ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 12988 W. Paint Dr.		09 22 2019
City Boise	StateZip CodeID83713-1947	Transaction ID : 13390118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Scott Leavitt Insurance	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Midd C. Burns, Patrick, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5653 Maxwelton Road		09 / D / Y Y Y Y 22 2019
City Oakland	StateZip CodeCA94618-2654	Transaction ID : 13390120 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1610.00	
SUBTOTAL of Receipts This Page (optional	al)	230.00
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Use separate schedule(s)

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	r each category of the etailed Summary Page	×	11a 13		11 14	-	11c	12	17
			or the		oos	e of s	solicitin	g contribu	tions
ction Committ	ee								
State AZ C Occupation Agent	Zip Code 85012-2804 on (for Individual)		09 Trans	/ acti of	on Ead	22 ID:1		2019 21 nis Period	
State ID C Occupatio Broker	Zip Code 83301-3014 on (for Individual)		09 Transa mount	of	on Ead	22 ID:1		2019 2 3 nis Period	
State PA C			09 Trans	/ acti	ion Ead	22 ID:1	133901:	2019 24 nis Period	
	Statements may not the name and address Action Committe Initial) or Full Organization State 2 Az C Occupation Aggregate Year- Initial) or Full Organization Initial) or Full Organization State Initial) or Full Organization State Initial) or Full Organization State Initial) or Full Organization Occupation Broker Aggregate Year- Occupation Broker Aggregate Year- Initial) or Full Organization State 2 State 2 Aggregate Year- Aggregate Year- Initial) or Full Organization Initial) or Full Organization State 2 PA	Statements may not be sold or used by any phe name and address of any political committee Action Committee Initial) or Full Organization Name State Zip Code AZ Stol2-2804 C Occupation (for Individual) Agent Aggregate Year-to-Date ▼ Aggregate Year-to-Date 360.00 Initial) or Full Organization Name 360.00 Initial) or Full Organization Name 360.00 Initial) or Full Organization Name 295.00 Initial) or Full Organization Name 295.00 Initial) or Full Organization Name 295.00	Statements may 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name and address of any political committee to solicit contribution Action Committee Action Committee Initial) or Full Organization Name Date of Receins Memo Ite Occupation (for Individual) Agent Aggregate Year-to-Date ▼ Initial) or Full Organization Name Date of Receins Memo Ite State Zip Code Aggregate Year-to-Date ▼ Initial) or Full Organization Name Date of Receins Memo Ite Memo Ite Memo Ite Initial) or Full Organization Name Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Quert 295,00 Initial) or Full Organization Name Date of Receins Memo Ite 109 State Zip Code PA 19312-1152</td><td>13 14 Initial) Initial) or Full Organization Name Date of Receipt Initial) Initial) or Full Organization (for Individual) Date of Receipt Initial) Occupation (for Individual) Aggregate Year-to-Date ▼ Initial) Initial) Or Full Organization Name Date of Receipt Initial) Occupation (for Individual) Aggregate Year-to-Date ▼ Initial) Initial) Occupation (for Individual) Broker Date of Receipt 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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mid Henry, Thomas, L., ,		rganization Name	Date of Receipt
Mailing Address 430 W NAPA ST. SUIT		Zin Oada	09 / D D / Y Y Y Y 2019
City SONOMA	State CA	Zip Code 95476-6545	Transaction ID : 13390125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
Full Name of Individual (Last, First, Mid B. Wild, Trei, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 3724 Hearst Castle Wa	-		M M / D D / Y Y Y Y Y 09 22 2019
City Plano	State TX	Zip Code 75025-3719	Transaction ID : 13390126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Protect Plans	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
Full Name of Individual (Last, First, Mic C. Cunningham, Jerilyn, B., ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 6570 N 130th Lane	1		09 / D D / Y Y Y Y 22 2019
City Glendale	State AZ	Zip Code 85307-4506	Transaction ID : 13390128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Humana		upation (for Individual) ager of Engagement	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]
SUBTOTAL of Receipts This Page (option	nal)		200.00
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SCHEDULE A (FEC Form 3X) _____

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111			for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
\rangle	Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Boaz, Daniel, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 5565 Roberts Drive Suite 100				09	/	D 1 22	D / Y	2019	Y
	City Atlanta	State GA	Zip Code 30338-3350	_				1339012 Receipt th	29 nis Period	
	FEC ID number of contributing federal political committee.	С						-	30.0	00
	Name of Employer (for Individual) HealthLife Group, LLC	Occi Broł	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1						
в.	Full Name of Individual (Last, First, Middle Init Lindstrom, Betty, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 4026				09	1	22		2019	Ŷ
	City	State CA	Zip Code 95018-0349					1339013		
	Felton	CA		Amount	: of	Each F	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	C			Ľ.	_	-	-	30.0	00
	Name of Employer (for Individual) Lindstrom Insurance	Occ Bro	upation (for Individual) ker		Me	emo	tem			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		270.00]						
C.	Full Name of Individual (Last, First, Middle Init Qualizza, Jacqueline, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 12877 W. 151st Street	1-			^M 09	/	D 22		2019 [°]	Y
	City Olathe	State KS	Zip Code 66062-9707					133901 3 Receipt th	33 nis Period	
	FEC ID number of contributing federal political committee.	С					y .	7	25.0	00
	Name of Employer (for Individual) Associate Insurance Services, Inc.	Occi Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00]						
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			y	. ,	85.0	00
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	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11	lb	11c	12	
					13		14	1	15	16	17
or fo	information copied from such Reports and Sta or commercial purposes, other than using the										
	AME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
	ull Name of Individual (Last, First, Middle Initia Wilson, Thomas, R., ,	al) or Full C	Organization Name		Date o	of Re	ecei	ipt			
_	lailing Address 701 Lamar				^M 09			D D D 23		у у 2019	Y
	ity Nichita Falls	State TX	Zip Code 76301-6824						339013		4
F	EC ID number of contributing ederal political committee.	С			Amour		i Ea	ICH Re		nis Perioo 170	
	lame of Employer (for Individual) oley Featherston Insurance Agency	Occ Brol	upation (for Individual) ker		N	/lemo	o Ite	em			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1780.00								
	ull Name of Individual (Last, First, Middle Initia Kohlsdorf, Eric, , ,	al) or Full C	Organization Name		Date o	of Re	ecei	ipt			
_	lailing Address 1501 Ingersoll Ave Suite 200				^M 09	/	/	23	/ Y	y y 2019	Y
	ity Des Moines	State IA	Zip Code 50309-3102						339013 ceipt th	7 nis Period	d
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	lame of Employer (for Individual) risma Strategies		cupation (for Individual) ker		N	/lemo	o Ite	em			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00								
	ull Name of Individual (Last, First, Middle Initia Winson, Shelly, K., ,	al) or Full C	Organization Name		Date o	of Re	ecei	ipt			
N	lailing Address PO Box 1914				^M 09	И /	/	D D D 23	/ Y	y y 2019	Y
	ity Chandler	State AZ	Zip Code 85244-1914						339013		4
	EC ID number of contributing ederal political committee.	С			Amour		ı La		J	nis Perioo 30	.00
	lame of Employer (for Individual) rue Choice Benefits LLC	Occ	upation (for Individual) ker		N	/lemo	io Ite	em			
R	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
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SCHEDULE A (FEC Form 3X)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	imittee							
Α.	Full Name of Individual (Last, First, Middle Init Ackerman, Mark, K., , Mailing Address 3700 Forest Drive	Date of Receipt								
	Suite 300									
	Columbia	State SC	Zip Code 29204-4010	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) Insurance Management Group, Inc.	Occ Brol	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00							
В.	Full Name of Individual (Last, First, Middle Init Berger, Stephanie, , ,	Date of Receipt								
	Mailing Address 79 Daily Dr #276	09 23 / Y Y Y Y 09 23 2019								
	City Camarillo	State CA	Zip Code 93010-5807	Transaction ID : 13390146 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer (for Individual) Collaborative Insurance Solutions	Occ Bro	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Blain, Bradford, H., ,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 343 Waller Avenue Suite 101	09 23 / Y Y Y Y 2019								
	City Lexington	State KY	Zip Code 40504-2912	Transaction ID : 13390147 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occu Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00							
s	UBTOTAL of Receipts This Page (optional)		•	155.00						
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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)							
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	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Init Hebert, Hedy, S., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 390 Plaza Loop.					M M / D D / Y Y Y Y 09 23 2019						
	City Bossier City	State LA	Zip Code 71111-4390					: 133901 Receipt 1	49 this Period			
	FEC ID number of contributing federal political committee.	C			85.00							
	Name of Employer (for Individual) Benefit Consulting Services	Occupation (for Individual) Broker			Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heemskerk, Cornelis, A., ,				Date of	Re	eceipt					
	Mailing Address 1901 Butterfield Road Suite 120					/	23		2019	Y		
	City Downers Grove	State IL	Zip Code 60515-7928					: 133901		J		
	FEC ID number of contributing federal political committee.	C				. 01	Each	Receipt	this Period	.00		
	Name of Employer (for Individual) Everlong Group Medical Captive Service	Occupation (for Individual) Broker				emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate]									
С.	Full Name of Individual (Last, First, Middle Init LaFay, Stacey, S., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
•.	Mailing Address 2444 East Hill Rd.					1	23		2019	Y		
	City Grand Blanc	State MI	Zip Code 48439-5098					: 133901 Receipt 1	51 this Period	ł		
	FEC ID number of contributing federal political committee.	С		<u> </u>		y	. ,	110	.00			
	Name of Employer (for Individual) Franklin Benefit Soutions	Occupation (for Individual) Broker				emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	1									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			9	, , , , , , , , , , , , , , , , , , ,	215	.00		
Т	OTAL This Period (last page this line number of	only)		•			-					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 72 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle McClaskey, Barbara, A., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1965 Pine Street	09 / D D / Y Y Y Y Y 23 2019									
City Redding	State CA	Zip Code 96001-1921	Transaction ID : 13390152 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Barbara McClaskey Insurance Services										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.00]							
Full Name of Individual (Last, First, Middle B. Reeves, Valerie, , ,	Date of Receipt									
Mailing Address 3702 Brownsboro Rd	09 23 2019									
City Louisville	State KY	Zip Code 40207-1820	Transaction ID : 13390153 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Preferred Benefits, LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]							
Full Name of Individual (Last, First, Middle C. Tellesbo-Kembel, Marsha, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1001 4th Avenue, Suite 3	09 / 23 / Y Y Y Y 2019									
City Seattle	State WA	Zip Code 98154-1003	Transaction ID : 13390154 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Tellesbo & Company	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1530.00]							
SUBTOTAL of Receipts This Page (optional)		254.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) ...

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

FOR LINE NUMBER:

PAGE 73 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11									
			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middl A. Munger, David, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3312 W. Magistrate Loop			09 / 23 / 2019									
City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 13390157 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer (for Individual) Munger Insurance	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00]									
Full Name of Individual (Last, First, Midd Baskett, John, , ,		rganization Name	Date of Receipt									
Mailing Address 2601C Blanding Ave #22	2 State	Zip Code	09 / 23 / 2019 Transaction ID : 12390159									
City Alameda	CA	94501-1507	Transaction ID : 13390159 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) John Baskett Insurance Services	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
Full Name of Individual (Last, First, Midd C. Braner, Jodie, E., ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5 Concourse Parkway 18th Floor			09 / 23 / Y Y Y Y 2019									
City Atlanta	State GA	Zip Code 30328-5350	Transaction ID : 13390160 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Willis	Occi Brok	upation (for Individual) eer	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]									
SUBTOTAL of Receipts This Page (optional	l)		160.00									
TOTAL This Period (last page this line nun	nber only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than us		y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Committee	
Full Name of Individual (Last, First, Mid Copeland, Bob, , ,		Date of Receipt
Mailing Address 1299 4th Street Suite 2	State Zip Code	09 / 23 / 2019 Transaction ID : 13390162
San Rafael	CA 94901-3028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Copeland Insurance Services	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.	00
Full Name of Individual (Last, First, Mid B. Goodwin, Carolyn, L., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 12740 Hillcrest Road Suite 275		09 23 2019
City	State Zip Code	Transaction ID : 13390165
Dallas	TX 75230-7129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Goodwin Benefits Group, LLC	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.	00
Full Name of Individual (Last, First, Mid C. Griffey, Patricia, A., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 56294 Primrose Circle		09 / D / Y Y Y Y 23 / 2019
City Elkhart	State Zip Code IN 46516-1509	Transaction ID : 13390166
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Page 1 Medicare	Occupation (for Individual) Broker	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1025.	00
SUBTOTAL of Receipts This Page (option	nal)	
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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ITEIWIZED RECEIPTS		Detailed Summary Page	×	-] 11k		11c	12	<u> </u>			
Any information copied from such Reports an or for commercial purposes, other than using							e of s						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle A. Howard, Michelle, S., , Mailing Address 2850 West Grand Bouleva	,			Date of Receipt									
City Detroit	State MI	Zip Code 48202-2643	Transaction ID : 13390167 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			Amouni	t of	Eac	ch Re	ceipt th	iis Period 12.				
Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Bro	upation (for Individual) ker Year-to-Date ▼ 254.00]	M	emo) Ite	em						
Full Name of Individual (Last, First, Middle B. Embry, Michael, A., ,	e Initial) or Full C	organization Name		Date of	f Re		·						
Mailing Address 26555 Evergreen Road Suite 535 City Southfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Comprehensive Benefits Receipt For: Primary General Other (specify) ▼	Bro	Zip Code 48076-4213 upation (for Individual) ker Year-to-Date ▼ 4735.00		Amount	t of	ion l	ch Re	339016	2019 8 iis Period 415.	_			
Full Name of Individual (Last, First, Middle Embry, Jeanne, A., , Mailing Address 26240 Wacker Drive	e Initial) or Full C	rganization Name		Date of	_		pt	/ Y	YY	Y			
City Chesterfield FEC ID number of contributing federal political committee.	State MI	Zip Code 48051-3306						339016 ceipt th	2019 5 9 iis Period 30.	-			
Name of Employer (for Individual) Comprehensive Benefits Receipt For: Primary General Other (specify)	Brok	upation (for Individual) ker Year-to-Date ▼ 520.00]	M	emc	o Ite	em						
SUBTOTAL of Receipts This Page (optiona	,					5	-		457.	00			

SCHEDULE A (FEC Form 3X) -

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FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(ch	eck only	y or	ne)						
11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Perry, Jeff, , ,	ial) or Full O		Date of Receipt									
	Mailing Address P O Box 51019				M M / D D / Y Y Y Y 09 23 2019								
	City Idaho Falls	State ID	Zip Code 83405-1019					1339017 Receipt th					
	FEC ID number of contributing federal political committee.	С							30.	.00			
	Name of Employer (for Individual) The Hartwell Corporation	Occi Broł	upation (for Individual) ker		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1									
В.	Full Name of Individual (Last, First, Middle Init Sterner, Heidi, J., ,		rganization Name		Date of	f Re	eceipt						
	Mailing Address 3402 Cinnamon Creek Avenue		7.0.0.1		09 23 2019 Transaction ID : 13390173								
	City North Las Vegas	State NV	Zip Code 89031-3520					1339017 Receipt th	-				
	FEC ID number of contributing federal political committee.	С							30.	_			
	Name of Employer (for Individual) Leavitt Group Benefits Services	Occ		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]									
с.	Full Name of Individual (Last, First, Middle Init Franke, Gary, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 227 Bellevue Way NE Suite 715 City	State	Zip Code		09 T rees		23		2019	Ŷ			
	Bellevue	WA	98004-5721					1339017 Receipt th					
	FEC ID number of contributing federal political committee.	С			Ľ.		,	, ,	30.	00			
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC Receipt For:		upation (for Individual) Ith Insurance Broker		М	emo	o Item						
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00											
s	UBTOTAL of Receipts This Page (optional)			•			, .	.,	90.	00			
Т	OTAL This Period (last page this line number of	only)		→									

SCHEDULE A (FEC Form 3X) _ _ _ _ .

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PAGE 77 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II EIVIIZED RECEIFIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □									
			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee										
Full Name of Individual (Last, First, M A. Mackin, Martin, John, ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P O Box 29607			09 23 / Y Y Y Y 09 23 2019									
City San Francisco	State CA	Zip Code 94129-0607	Transaction ID : 13390180 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		63.00									
Name of Employer (for Individual) Foresight Benefits, Inc.	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567.00	1									
Full Name of Individual (Last, First, M B. Patton, Jesse, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1112 Maple Street			09 / 23 / 2019									
City West Dec Meines	State IA	Zip Code 50265-4420	Transaction ID : 13390182									
West Des Moines FEC ID number of contributing federal political committee.	С	30203-4420	Amount of Each Receipt this Period 415.00									
Name of Employer (for Individual) Associations Marketing Group, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3735.00]									
Full Name of Individual (Last, First, M Hartin, Dennis, S., ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3115 Phoenix Ave			09 / D D / Y Y Y Y 23 2019									
City Oldsmar	State FL	Zip Code 34677-5609	Transaction ID : 13390183 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) Hartin Dynamics	Occi Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 218.00]									
SUBTOTAL of Receipts This Page (opti	onal)		563.00									
TOTAL This Period (last page this line r	number only)											

SCHEDULE A (FEC Form 3X)

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ITE			Use separate schedule(s	5) (0	check on	ly o	ne)	L						
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c	12	17				
	v information copied from such Reports and Sta				n for the		pose of	f soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full)		•											
	Health Underwriters Political Act	ion Com	imittee											
	Full Name of Individual (Last, First, Middle Initia Marsh, James, V., ,	al) or Full O	Organization Name		Date of Receipt									
-	Mailing Address 400 S McCaslin Blvd Suite 201				M M / D / Y									
	City Superior	State CO	Zip Code 80027-8700		Transaction ID : 13390184 Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С			63.00									
	Name of Employer (for Individual) HofgardBenefits		upation (for Individual) sident		M	lemo	o Item							
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567.00											
	Full Name of Individual (Last, First, Middle Initia Siino, Thomas, , ,	al) or Full O	Organization Name		Date o	f Ra	acaint							
-	Mailing Address 1126 Clifton Avenue		Date of Receipt											
	City	State	Zip Code					1339018						
-	Clifton FEC ID number of contributing rederal political committee.	С	07013-3622		Amoun	t of	Each F	Receipt th		d .00				
	Name of Employer (for Individual) Executive Benefits Group, LLC	me of Employer (for Individual) Occupation (for Individual)												
Ī	Receipt For:		Year-to-Date V											
	Primary General Other (specify) ▼		, 270.00											
C.	Full Name of Individual (Last, First, Middle Initia Pleasants, Jennifer, , ,	al) or Full O	Organization Name		Date o	f Re	eceipt							
ļ	Mailing Address 6726 Stuyvesant Ct.				м м 09	1	23		2019	Y				
	City Corpus Christi	State TX	Zip Code 78414-4269					: 1339018 Receipt th		d				
	FEC ID number of contributing rederal political committee.	С					y	,	30	.00				
	Name of Employer (for Individual) UnitedHealthcare Employer & Individual													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
รเ	JBTOTAL of Receipts This Page (optional)			···· >	Ľ.		y	,	123	.00				
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SCHEDULE A (FEC Form 3X)

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TC			Use separate schedule(s)) ((check only	/ on	e)						
			for each category of the Detailed Summary Page		¥ 11a 13	\vdash	11b	11c 15	12	17			
	v information copied from such Reports and Sta or commercial purposes, other than using the n				n for the	purp	ose of s	soliciting	contribut	ions			
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Clingan, Nedra, C., ,	l) or Full O	rganization Name		Date of Receipt								
I	Mailing Address 13222 Huisache Way				09 23 2019								
	City Helotes	State TX	Zip Code 78023-3606		Transaction ID : 13390840 Amount of Each Receipt this Period								
	FEC ID number of contributing ederal political committee.	С					y		30.0	00			
I	Name of Employer (for Individual) Renaissance Family of Companies	Occu Brok		Me	emo	Item							
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
	Full Name of Individual (Last, First, Middle Initia Brown, Carey, H., ,	l) or Full O	rganization Name		Date of	Red	ceipt						
I	Mailing Address Six Concourse Parkway Suite 2750	-1		09 / 24 / 2019									
	City Atlanta	State GA	Zip Code 30328-6243	+			on ID : 1 Each Re		1 is Period				
	FEC ID number of contributing rederal political committee.	С		50.00									
	Name of Employer (for Individual) The Benefit Company	Occu Brol	upation (for Individual) ker		Me	emo	Item						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00										
	Full Name of Individual (Last, First, Middle Initia McConnaughey, John, R., ,	l) or Full O	rganization Name		Date of	Rec	ceipt						
I	Mailing Address PO Box 805				09	/	D D D 24	/ Y	2019	Y			
(City West Chester	State OH	Zip Code 45071-0805				on ID : 1 Each Re		2 is Period				
	FEC ID number of contributing rederal political committee.	С					y		42.0	00			
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occu Brok	upation (for Individual) ker		Me	emo	ltem						
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]									
	JBTOTAL of Receipts This Page (optional)			···· ▶			y	- 9 	122.(00			

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				tailed Summary Page	×	11a 13] 11b		11c		12 16	17						
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not addres	be sold or used by any post of any political committee	erson fo e to sol	or the	purp ntrib	pose	e of sons fro	oliciting	con	tributi	ons						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mitt	ee															
Α.	Full Name of Individual (Last, First, Middle I Todd, Richard, H., , Mailing Address PO Box 56166	nitial) or Full O	rganiz	zation Name		Date of	Re		ot	/ Y	Y	Y	Y						
	<u></u>				41	09		L	24		20	19							
	City Little Rock	State AR	2	Zip Code 72215-6166	Transaction ID : 13390843 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brok		n (for Individual)		Me	emo	b Ite	m										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 270.00															
B.	Full Name of Individual (Last, First, Middle I Todd, David, , ,	nitial) or Full O	Organiz	ration Name		ate of	Re	eceip	ot										
	Mailing Address PO Box 56166								09 / D D / Y Y Y Y Y 2019 2019										
	City Little Rock	State AR	Z	Zip Code 72215-6166		Transaction ID : 13390844 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			30.00														
	Name of Employer (for Individual) The Todd Agency, Inc.	Occi Brol		Memo Item															
	Receipt For: Primary General Other (specify) ▼	Aggregate																	
с.	Full Name of Individual (Last, First, Middle I Helms, John, S., ,	nitial) or Full O	Organiz	ation Name		Date of	Re	eceip	ot										
	Mailing Address 2940 Camino Diablo # 205					^M 09	/	D	24	/ Y	۲ 20	19 [°]	Y						
	City Walnut Creek	State CA		Zip Code 94597-3992	Δ					339084 ceipt th		eriod							
	FEC ID number of contributing federal political committee.	С			Ì			1		J		30.0	0						
	Name of Employer (for Individual) John Helms Associates	Occu Brok	•	n (for Individual)		Me	emo	b Ite	em										
	Receipt For: Primary General Other (specify)	Aggregate																	
s	UBTOTAL of Receipts This Page (optional)			••••••				y		9		90.0	0						
Т	OTAL This Period (last page this line numbe	r only)			. [-		- 41-									

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	information copied from such Reports and Sta or commercial purposes, other than using the i				for the		pose of	soliciting	g contril	butio	ns		
<u> </u>	AME OF COMMITTEE (In Full)												
∕⊦	Health Underwriters Political Act	ion Com	nmittee										
A	ull Name of Individual (Last, First, Middle Initia Todd, Helen, M., ,	al) or Full C	Drganization Name	Date of Receipt									
M	lailing Address PO Box 56166				м м 09	/	D 24		2019				
	ity ittle Rock	State AR	Zip Code 72215-6166	Transaction II Amount of Each				ID : 13390846 ch Receipt this Period					
	EC ID number of contributing ederal political committee.	С			_			-	3	80.00			
Т	ame of Employer (for Individual) he Todd Agency, Inc.	Occ Brol	cupation (for Individual) ker		М	em	o Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
	ull Name of Individual (Last, First, Middle Initia Barrera, Rolando, G., ,	al) or Full C	Drganization Name		Date o	f Re	eceipt						
_	lailing Address 101 N Shoreline Blvd Suite 410	Chata	Zin Oode		м м 09	/	D 24		2019	Ý			
	ity Corpus Christi	State TX	Zip Code 78401-2825					1339084 Receipt th		od			
F	EC ID number of contributing ederal political committee.	С								5.00			
	lame of Employer (for Individual) oland Barrera Insurance	Occ Age	cupation (for Individual) ent		М	em	o Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 845.00										
	ull Name of Individual (Last, First, Middle Initia Osborne, Mike, , ,	al) or Full C	Organization Name		Date of	f Re	eceipt						
M	lailing Address 1308 Woodmanor Dr,				^M 09	1	24		2019		1		
	ity Raleigh	State NC	Zip Code 27614-9055					: 133908 Receipt th		od	-		
	EC ID number of contributing ederal political committee.	С			<u> </u>		y	. ,	2	25.00			
С	ame of Employer (for Individual) Osborne Insurance Services, Inc.	Occ Brok	upation (for Individual) ker		M	em	o Item						
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00										
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то	TAL This Period (last page this line number o	nly)					4			-			

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			Detailed Summary Page		×	11a 13		11k		11c 15		12 16	17		
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by ar ddress of any political comm	iy pe littee	erson to so	for the	purp ntrib	pose	e of s	oliciting	cor 1 co	ntributi	ons		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Init Fugitt-Hetrick, Pamela, Leigh, ,	tial) or Full O	rganization Name			Date of	Re	eceip	pt						
	Mailing Address 1123 Soquel Avenue					^M 09	1	D	24	/ Y	Y 2()19	Y		
	City Santa Cruz	State CA	Zip Code 95062-2105		Transaction ID : 13390851 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occi Brol	upation (for Individual) ker		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00												
B.	Full Name of Individual (Last, First, Middle Init Baker, Misty, J., ,	tial) or Full O	rganization Name			Date of	Re	eceip	pt						
	Mailing Address 502 Brookside Pass				09 24 Y Y Y Y Y										
	City Cedar Park	State TX	Zip Code 78613-4237			Transaction ID : 13390855 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	30.00												
	Name of Employer (for Individual) BenefitMall	Occupation (for Individual) Vice President					emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate													
C.	Full Name of Individual (Last, First, Middle Init Chornak, Shelley, A., ,	tial) or Full O	rganization Name			Date of	Re	eceip	pt						
	Mailing Address 7251 Engle Rd. Suite 103					^M 09	1	D	24	/ Y)19 [°]	Y		
	City Cleveland	State OH	Zip Code 44130-3400		_	Trans Amount				339085 ceipt th		eriod			
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	Name of Employer (for Individual) Sage Partners, LLC	Occi Brok	upation (for Individual) er		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 378.00													
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)			0 10 3		TUTIC.	Julions					
\rangle	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initi Mendieta, Adriana, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address PO BOx 727			M M / D D / Y								
	City Artesia	State CA	Zip Code 90702-0727					1339086 Receipt th	52 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	25.0	00		
	Name of Employer (for Individual) Colonial Life		upation (for Individual) rdinator		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]								
в.	Full Name of Individual (Last, First, Middle Initi Rasmussen, Reid, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 6841 Virginia Pkwy Ste 103-377				м м 09	/	D 24		ү ү 2019	Ŷ		
	City McKinney	State TX	Zip Code 75071-5710					1339086				
	FEC ID number of contributing federal political committee.	C		Amount	. 01			nis Period 50.0	00			
	Name of Employer (for Individual) Freshbenies	Occ	upation (for Individual) ker		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
С.	Full Name of Individual (Last, First, Middle Initi Holcomb, Karen, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260				09	/	25		2019	Y		
	City Spokane	State WA	Zip Code 99201-4912					: 133909 7 Receipt th	75 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	30.0	00		
	Name of Employer (for Individual) Viren and Associates, Inc.		upation (for Individual) lucer		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid Guttery, Porter, Brown, ,	dle Initial) or Full C	rganization Name	Da	Date of Receipt									
Mailing Address 9937 Redbud Lane				09 ^M	/ D 2	D / Y	2019	Y					
City Lenexa	State KS	Zip Code 66220-3737		Transaction ID : 13390979 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				-7		12.0	00					
Name of Employer (for Individual) Mid-America Insurance Services	Occ Age	upation (for Individual) nt		Me	mo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 258.00]										
Full Name of Individual (Last, First, Mid B. Meyers, Sean, , ,	dle Initial) or Full C	rganization Name	Da	te of	Receipt								
Mailing Address 2033 CEDAR LANE			09 / D D / Y Y Y Y Y 25 2019										
City OCEAN VIEW	State NJ	Zip Code 08230-1141				: 1339098 Receipt th	-						
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Hafetz and Associates	Occ Bro	upation (for Individual) ker		Me	mo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.00]										
Full Name of Individual (Last, First, Mid Andress, Carolyn, Marie, ,	dle Initial) or Full C	rganization Name	Da	te of	Receipt								
Mailing Address 1512 Highway 138				09 [™]	/ D	25 / Y	2019	Y					
City Wall	State NJ	Zip Code 07719-3706				e : 1339098 Receipt th							
FEC ID number of contributing federal political committee.	С			_	y		30.0	00					
Name of Employer (for Individual) HUB International	Occ Broł	upation (for Individual) ser		Me	mo Item								
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SCHEDULE A (FEC Form 3X)

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	COMMITTEE (In Full) Underwriters Political A	ction Com	mittee											
A. Simpson	of Individual (Last, First, Middle I , Anya, Y., ,	nitial) or Full O	rganization Name	Date	e of F	Receipt								
Mailing Add	dress 347 S Witchduck Road				09 / D D / Y Y Y Y 2019									
City Virginia Be	ach	State VA	Zip Code 23462-3645		Transaction ID : 13390986 Amount of Each Receipt this Period									
	mber of contributing tical committee.	С						30.0	0					
Name of E Benefit Pla	mployer (for Individual) ns, Inc.	Occu Brok	upation (for Individual) ker		Merr	no Item								
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Full Name B. Trokey ,	of Individual (Last, First, Middle I Kevin	nitial) or Full O	rganization Name	Dat	e of F	Receint								
	dress 215 S. Kirkwood Rd Ste 201			Date of Receipt										
City Saint Louis		State MO	Zip Code 63122-4359		Transaction ID : 13390987 Amount of Each Receipt this Period									
	mber of contributing tical committee.	C		50.00										
Name of E Q4intelliger	mployer (for Individual) nce LLC	Occi Brol	upation (for Individual) ker		Merr	no Item								
Receipt Fo Prima Other		Aggregate	Year-to-Date ▼ 1400.00]										
Full Name C. Gwin, D	of Individual (Last, First, Middle I David, R., ,	nitial) or Full O	rganization Name	Date	e of F	Receipt								
Mailing Add	dress P.O. Box 1396)9	/ D 1		2019	Y					
City Irmo		State SC	Zip Code 29063-1396			ction ID : of Each F		38 nis Period						
	mber of contributing tical committee.	C			_	7	 y	85.0	0					
Southeaste	mployer (for Individual) rn Insurance Consultants	Occu Brok	upation (for Individual) er		Men	no Item								
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	y information copied from such Reports and St for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Wright, Dennis, E., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1111 Chestnut Hills Pky				09 25 Y Y Y Y Y 2019									
	City Fort Wayne	State IN	Zip Code 46814-8934	_	Transaction ID : 13390989 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.0	00				
	Name of Employer (for Individual) Employee Plans, LLC	Occu Brok	upation (for Individual) ser		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]										
в.	Full Name of Individual (Last, First, Middle Initi Thal, Harry, P., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address PO BOX 2137				09 / 25 / 2019									
	City KERNVILLE	State CA	Zip Code 93238-2137					1339099	0 his Period					
	FEC ID number of contributing federal political committee.	C		85.00										
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occi Brol	upation (for Individual) ker		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]										
C.	Full Name of Individual (Last, First, Middle Initi Musser, Ray, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 880 Pebble Beach Dr.				м м 09	1	25		2019	Y				
	City Upland	State CA	Zip Code 91784-9131					: 1339099 Receipt th	92 his Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	7	85.0	00				
	Name of Employer (for Individual) Ray Musser & Associates Insurance Serv	Occu Brok	upation (for Individual) er		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00]										
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ITEMIZED RECEIPTS	>	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Health Underwriters	Full) s Political Action Com	mittee									
Full Name of Individual (Las A. Beck, Carolyn, , ,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 101 Plaza E	East Blvd		09 25 2019								
City Evansville	State IN	Zip Code 47715-2870	Transaction ID : 13390993 Amount of Each Receipt this Period								
FEC ID number of contributi federal political committee.	ing C		42.00								
Name of Employer (for Indiv SIHO Insurance Services	vidual) Occu Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 378.00]								
B. Goodacre, James, Wi		rganization Name	Date of Receipt								
Mailing Address PO Box 224	State	Zip Code	09 / 25 / 2019								
Carmel	CA	93922-0423	Transaction ID : 13390995 Amount of Each Receipt this Period								
FEC ID number of contributi federal political committee.	ing C		30.00								
Name of Employer (for Indiv James W. Goodacre II RHU,f		upation (for Individual) ker	Memo Item								
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 270.00]								
Full Name of Individual (Las C. Lucas, William, H., ,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 108			09 / 25 / 2019								
City Richmond Hill	State GA	Zip Code 31324-1089	Transaction ID : 13390996 Amount of Each Receipt this Period								
FEC ID number of contributi federal political committee.	ing		30.00								
Name of Employer (for Indiv Bill Lucas & Associates Insur		upation (for Individual))	Memo Item								
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 240.00]								
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c		12 16	17			
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Thrash, Rachel, B., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 214 Milam Street				09 / 25 / Y Y Y Y 2019									
	City Shreveport	State LA	Zip Code 71101-3226		Transaction ID : 13390998 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			[.				_	30.00	0			
	Name of Employer (for Individual) Querbes & Nelson A Partnership	Occu Broł	upation (for Individual) ser		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
в.	Full Name of Individual (Last, First, Middle Initia Spinelli, Frank, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1100 Superior Avenue Street Suite 1500	State	Zip Code	09 25 2019										
	City Cleveland	OH	44114					1339099 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С								30.00	0			
	Name of Employer (for Individual) Oswald Companies		upation (for Individual) Group Benefits		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Reid, Krys, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 582 Lynnhaven Parkway, #200	I			09	/	25		y 201		Ŷ			
	City Virginia Beach	State VA	Zip Code 23452-7386					133910 1 Receipt th		riod	_			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	1(00.00	0			
	Name of Employer (for Individual) Tower Benefit Consultants, Inc.	Occu Brok	upation (for Individual) er		M	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]										
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		ose of	soliciting	contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Age, Jill, Snead, ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 5232 Wythe Avenue				09 / D D / Y Y Y Y 26 / 2019								
	City Richmond	State VA	Zip Code 23226-1411		Transaction ID : 13391077 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						-	30.	00			
	Name of Employer (for Individual) TowneBenefits	Occu Brok	upation (for Individual) ser		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
в.	Full Name of Individual (Last, First, Middle Initia Riedl, Alycia, , ,	al) or Full O	rganization Name		Date of	Ree	ceipt						
	Mailing Address 333 S 7th Street Suite 1400	State	Zin Code		09 26 2019								
	City Minneapolis	State MN	Zip Code 55402-0119					1339107	8 is Period				
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Mercer	Occi Brol	upation (for Individual) ker		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
С.	Full Name of Individual (Last, First, Middle Initia (Wooden) Lovincey, Rebecca, L., ,		rganization Name		Date of	Ree	ceipt						
	Mailing Address 201 NE Park Plaza Dr #293				^M 09	/	D D D 26	/ Y	2019	Y			
	City Vancouver	State WA	Zip Code 98684-5881					1339107 eceipt th	'9 is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	9	30.00				
	Name of Employer (for Individual) AIMEA Insurance, Inc.	Occu Ager	upation (for Individual) nt		M	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1									
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the				/ or	ne)	(check only one)							
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	y information copied from such Reports and St for commercial purposes, other than using the														
$\overline{\langle}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initi Morrison, James, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 6096 Innovation Way				м м 09	, '	26) / Y	2019	Y					
	City Carlsbad	State CA	Zip Code 92009-1741		Transaction ID : 13391080 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			85.0	0					
	Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident		Me	этс	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]											
в.	Full Name of Individual (Last, First, Middle Initi Washko, Carla, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 7251 Engle Rd. Suite 103			09 / 26 / 2019											
	City Middlebrg Hts	State OH	Zip Code 44130-3400					1339108	14 nis Period						
	FEC ID number of contributing federal political committee.	С				U			42.0	0					
	Name of Employer (for Individual) Sage Partners, LLC	Occi	upation (for Individual) nt		Me	əmc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]											
С.	Full Name of Individual (Last, First, Middle Initi Rivera, Michael, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 13201 N.W. Fwy. Suite 265				м м 09	1	D 26		2019	Y					
	City Houston	State TX	Zip Code 77040-6165					1339108 Receipt th	36 nis Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,		85.0	0					
	Name of Employer (for Individual) Northwest General Insurance	Occu Brok	upation (for Individual) er		Me	əmc	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]											
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	y information copied from such Reports and St for commercial purposes, other than using the												
$\overline{\left\langle \cdot \right\rangle}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Tretter, Robert, C., ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 6222 Spring Lake Drive				09	/	26		y y 2019	Y			
	City Hamilton	State OH	Zip Code 45011-8189		Transaction ID : 13391089 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>				42.0	00			
	Name of Employer (for Individual) National Association of Health Underwr	Occi Brol	upation (for Individual) ker		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1									
в.	Full Name of Individual (Last, First, Middle Initi Niederman, Brad, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1745 Shea Center Dr 4th Floor				09 / 26 / 2019								
	City Highlands Ranch	State CO	Zip Code 80129-1537					1339109	12 nis Period				
	FEC ID number of contributing federal political committee.	С				. 01			30.0	00			
	Name of Employer (for Individual) Niederman Insurance Agency	Occ	upation (for Individual) ker		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	1									
с.	Full Name of Individual (Last, First, Middle Initi Mann, William, D., ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 12777 Jones Road Suite 332 City	State	Zip Code		09 ^M	'	26		2019	Y			
	Houston	TX	77070-4627					: 133910 9 Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			Ē		9	9	42.0	00			
	Name of Employer (for Individual) The Compliance Office	Occu CEC	upation (for Individual))		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00										
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	for commercial purposes, other than using th															
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	Health Underwriters Political A	ction Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle I Schneider, Chad, P., ,	nitial) or Full C	Orgar	nization Name		Date of	f Re	ecei	ipt							
	Mailing Address 848 W. Eastman St.					M M / D D / Y Y Y Y Y 09 26 2019										
	STE 104	State		Zip Code	- 1	Transaction ID : 13391097										
	Chicago	IL		60642-2635				-		eceipt tl		Period				
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	Name of Employer (for Individual) Jellyvision	Occ Bro	•	ion (for Individual)		М	emo	o Ite	em							
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	765.00												
в.	Full Name of Individual (Last, First, Middle I Jurkus, Charles, , ,	nitial) or Full C	Drgar	nization Name		Date of	f Re	ecei	ipt							
	Mailing Address 823 Commerce Drive, Suite	350				м м 09	/	Γ	26	/ Y)19	Y			
	City	State		Zip Code		Trans	acti	ion	ID : 1	339110	94	_				
	Oak Brook	IL		60523-8855	Transaction ID : 13391104 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) Employee Benefit Risk Mgmt. Services		cupat oker	ion (for Individual)		М	emo	o Ite	em							
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼												
	Other (specify) v		y	, 270.00												
C.	Full Name of Individual (Last, First, Middle I Furr, Kenneth, , ,	nitial) or Full C	Orgar	nization Name		Date of	f Re	ecei	ipt							
	Mailing Address 333 Village Bl., Ste. 203					м м 09	1	Г	26	/ Y)19)	Y			
	City	State		Zip Code		Trans	act	ion	1 ID : 1	133911	06					
	Incline Village	NV		89451-8293	/	Amoun	t of	Ea	ich Re	eceipt tl	nis F	Period				
	FEC ID number of contributing federal political committee.	С						y		,		30.0	0			
	Name of Employer (for Individual) Menath Insurance Agency	Occ Brol	•	ion (for Individual)		М	emc	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 570.00												
	UBTOTAL of Receipts This Page (optional)				• •		-	9	-	9	-	145.0	0			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11a		1	1b	_	11c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for				se of	so		con		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	ım	ittee											
A.	Full Name of Individual (Last, First, Middle Initia Sale, Raymer, M., ,	al) or Full O)rga	nization Name	[Da	ate of	Re	ece	eipt					
	Mailing Address 2905 Premiere Parkway Suite 285 City	State		Zip Code		L	09	/	l	26			20)19	Y
	Duluth	GA		30097-5246	4							39110 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С	1						-		-	-	_	100.	00
	Name of Employer (for Individual) E2E Benefits Services, Inc.	Occi Brol	•	tion (for Individual)			Me	emo) It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 900.00											
В.	Full Name of Individual (Last, First, Middle Initia Ledgerwood, Michael, , ,	al) or Full O)rga	nization Name	[Da	ate of	Re	ece	eipt					
	Mailing Address 12022 FOREST MOON DR					N	09	/	l	D D D		/ Y	۲ 20	ү 19	Y
	City CYPRESS	State TX		Zip Code 77433-3834								39110 8 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С	_											30.	00
	Name of Employer (for Individual) Senior Health Plans of Texas	Occ Bro		tion (for Individual)			Me	emo	b It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 270.00											
с.	Full Name of Individual (Last, First, Middle Initia Grant, Staci, R., ,	al) or Full O)rga	nization Name		Da	ate of	Re	ece	eipt					
	Mailing Address 74 Glendale Ave					N	09	/	ľ	D 26		/ Y	20	19 [°]	Y
	City Livingston	State NJ		Zip Code 07039-2310								39111 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С	_						,		-	, ,	_	30.	00
	Name of Employer (for Individual) Henry O. Baker Insurance Group			tion (for Individual) esident			Me	emo	o li	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 270.00											
s	UBTOTAL of Receipts This Page (optional)			••••••					,		-	9	_	160.	00
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contri	butio	ns			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Hatfield, Matthew, F., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 2207 Springfield Avenue				09 / D D / Y Y Y Y Y 26 2019									
	City Fort Wayne	State IN	Zip Code 46805-1541		Transaction ID : 13391112 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							3	80.00				
	Name of Employer (for Individual) Hatfield Insurance Services, LLC	Occu Brok	upation (for Individual) ker		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
в.	Full Name of Individual (Last, First, Middle Initia Kite, Karen, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1414 Franklin Road SW, Suite 2		I	M M / D D / Y										
	City Roanoke	State VA	Zip Code 24016-5233	_				1339111	-					
	FEC ID number of contributing federal political committee.	C	24010-5233	Amount of Each Receipt this Period										
	Name of Employer (for Individual) D&S Agency		upation (for Individual) rier Liaison Manager	_	M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
с.	Full Name of Individual (Last, First, Middle Initia Murphy, Kevin, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1744 Victoria Way				09	/	D 26		2019		1			
	City San Marcos	State CA	Zip Code 92069-9401	_				1339111 Receipt th		od				
	FEC ID number of contributing federal political committee.	С					<u>y</u>	· ,	5	50.00				
	Name of Employer (for Individual) Murphy Insurance Solutions Receipt For:		upation (for Individual) sident		M	emo	o Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00											
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	18	0.00				
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	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	Health Underwriters Political Acti	ion Com	nmittee	
Α.	Full Name of Individual (Last, First, Middle Initia Gilbert, Debra, E., ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2331 Mustang Drive Suite 200 City	State	Zip Code	09 / 26 / 2019 Transaction ID : 13391119
	Grapevine	ТХ	76051-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Innovative Insurance Solutions		supation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		270.00	
В.	Full Name of Individual (Last, First, Middle Initia Copple, Clayton, R., ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 317 6th Avenue, Suite 1440			09 26 2019
	City	State	Zip Code	Transaction ID : 13391120
	Des Moines	IA	50309-4131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer (for Individual) Area 51 Health, Inc.	Occ CE	cupation (for Individual) O	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
с.	Full Name of Individual (Last, First, Middle Initia Boychenko, Nataliya, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2727 Grand Prairie Pkwy			09 / D D / Y Y Y Y 26 2019
	City Waukee	State IA	Zip Code 50263-8844	Transaction ID : 13391215
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Holmes Murphy & Associates		upation (for Individual) Int Service Executive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)		•	695.00
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11			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c		12 16	17
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Singleton, Terry, , ,	al) or Full O	organization Name		Date o	f Re	eceipt				
	Mailing Address 1021 Douglas Ave				м м 09	1	D 27		y 201	19	Y
	City Altamonte Springs	State FL	Zip Code 32714-2029					: 1339123 Receipt th		riod	
	FEC ID number of contributing federal political committee.	C			<u> </u>		-yr- 1		_	85.0	0
	Name of Employer (for Individual) The Enterprise Team at Sihle Insurance	Occu Part	upation (for Individual) tner		M	lemo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]							
в.	Full Name of Individual (Last, First, Middle Initia Cartier, Fred, , ,	al) or Full O	organization Name		Date o	f Re	eceipt				
	Mailing Address 11920 White River Drive				^M 09	/	D 27		201	9	Y
	City San Antonio	State TX	Zip Code 78254-6369					1339123 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С								42.00	0
	Name of Employer (for Individual) United Health Group		upation (for Individual) count Executive		M	lemo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00								
С.	Full Name of Individual (Last, First, Middle Initia Underhill, Elizabeth, J., ,	al) or Full O	Prganization Name		Date o	f Re	eceipt				
	Mailing Address 5951 Canoga Avenue				09	/	27		201		Y
	City Woodland Hills	State CA	Zip Code 91367-5010					: 133912 : Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					y			85.0	0
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent		N	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 965.00]							
	UBTOTAL of Receipts This Page (optional)			▶ -	ļ.		, . , .		2	212.00	0
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	nformation copied from such Reports and Sta r commercial purposes, other than using the n				for the		pose of	f soliciting	g contr	ributic	ons
	AME OF COMMITTEE (In Full) lealth Underwriters Political Acti	on Com	imittee								
	ull Name of Individual (Last, First, Middle Initia Stiller, Tiffany, , ,	l) or Full O	Organization Name		Date of	f Re	eceipt				
_	ailing Address 6200 Canoga Avenue Suite 300				^M 09	1	D 27		Y 201		
Ci W	ty /oodland Hills	State CA	Zip Code 91367-7778					1339123 Receipt th		riod	
	EC ID number of contributing deral political committee.	С					-y 1			25.00)
Be	ame of Employer (for Individual) enefitMall	Occu Brok	upation (for Individual) ker		М	emo	o Item				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Fi B. F	III Name of Individual (Last, First, Middle Initia Reddy, Michael, S., ,	l) or Full O	Organization Name		Date of	f Re	eceipt				
	ailing Address 330 River Pointe Drive				^M 09	/	27		2019		
Ci E	ty Ikhart	State IN	Zip Code 46514-1457					1339123 Receipt th		riod	
	EC ID number of contributing deral political committee.	С					-y 1			85.00)
	ame of Employer (for Individual) systone Ins. & Benefits Group, LLC	Occi Brol	upation (for Individual) ker		М	emo	o Item				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]							
	III Name of Individual (Last, First, Middle Initia Matznick, Carol, , ,	l) or Full O	Organization Name		Date of	f Re	eceipt				
	ailing Address P O Box 78175		1		м м 09	J.	27	<u> </u>	2019		
Ci	ty Greensboro	State NC	Zip Code 27427-8175					: 1339123 Receipt th		riod	
	EC ID number of contributing deral political committee.	С			<u> </u>		y .	7		30.00)
Тг	ame of Employer (for Individual) iune Technologies, Inc.	Occu Brok	upation (for Individual) ker		М	emo	o Item				
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
SUE	BTOTAL of Receipts This Page (optional)		•••••	•		l	,		1,	40.00)
тот	AL This Period (last page this line number or	ıly)		•	Γ.			1.40		-	П

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11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Bechtold, Annette, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 148 Stone Cliff Trace				м м 09	/	D 27) / Y	y y 2019	Y
	City Cleveland	State GA	Zip Code 30528-5397					1339124 Receipt th		3
	FEC ID number of contributing federal political committee.	С					- J -		47	.00
	Name of Employer (for Individual) OneDigital	Occi Broł	upation (for Individual) ker		M	emo	tem Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Hill, Donna, D., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 2905 Premiere Parkway Suite 285				09	/	27		y y 2019	Y
	City Duluth	State GA	Zip Code 30097-5246	-				1339124 Receipt th		4
	FEC ID number of contributing federal political committee.	С								.00
	Name of Employer (for Individual) E2E Benefits Services Inc	Occ	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]						
С.	Full Name of Individual (Last, First, Middle Initi Mordo, David, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 15 West Main St, Route 520				^M 09	/	D 27		2019 [°]	Y
	City Holmdel	State NJ	Zip Code 07733-2105				-	1339124 Receipt th	-	1 1
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1		42	.00
	Name of Employer (for Individual) BenefitMall	Occi Brok	upation (for Individual) er		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 453.00	1						
s	UBTOTAL of Receipts This Page (optional)			•		Ī	,	.,	174	.00
Т	OTAL This Period (last page this line number o	only)		_ ►	<u> </u>	T				

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	y information copied from such Reports and SI for commercial purposes, other than using the								soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Init Severo, Daniel, , ,	ial) or Full C	Organization Name		Date	of R	Rece	eipt			
	Mailing Address 231 Chestnut St. #410				M 09))	/	D D 27	/ Y	ү ү 2019	Y
	City Meadville	State PA	Zip Code 16335-3458						339124 ceipt th	17 his Period	d
	FEC ID number of contributing federal political committee.	С					,			30	.00
	Name of Employer (for Individual) The DJB Group, Inc.	Occ Bro	upation (for Individual) ker			Mem	no It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
в.	Full Name of Individual (Last, First, Middle Init Witt, Kelly, J., ,	ial) or Full C	Organization Name		Date	of R	Rece	eipt			
	Mailing Address 1017 Pine Hill Way				M 09	9	′	D D 27	/ Y	y y 2019	Y
	City Carmel	State IN	Zip Code 46032-7701						339124 ceipt th	18 nis Period	d
	FEC ID number of contributing federal political committee.	С			Ē		,			30	.00
	Name of Employer (for Individual) American Health and Wellness Group		upation (for Individual) ef Operating Officer		Ц	Mem	no It	iem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
С.	Full Name of Individual (Last, First, Middle Init 	ial) or Full C	Organization Name		Date	of R	Rece	eipt			
	Mailing Address 500 Faunce Corner Rd Bldg 100, Suite 120				M 09	9	/	D D 27	/ Y	үүү 2019	Y
	City Dartmouth	State MA	Zip Code 02747-1255						339124 ceipt th	19 nis Period	d
	FEC ID number of contributing federal political committee.	С			Ē		,		9	85	.00
	Name of Employer (for Individual) Sylvia & Co. Ins. Agency, Inc. Receipt For:	Brok			Ц	Merr	no li	tem			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	1							
s	UBTOTAL of Receipts This Page (optional)						y			145	.00
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I LIVILLU REVEILIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl Booth, Neil, A., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 23901 Calabasas Road,	Suite 2014		09 27 2019
City Calabasas	State CA	Zip Code 91302-3307	Transaction ID : 13391250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		63.00
Name of Employer (for Individual) American Marketing Administrators INC		upation (for Individual) ker & CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567.00]
Full Name of Individual (Last, First, Middl B. Johnson, Suzanne, K., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5955 Carnegie Blvd Suite	150		09 27 2019
City Charlotte	State NC	Zip Code 28209-4664	Transaction ID : 13391252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
Full Name of Individual (Last, First, Middl C. Jackson, Jerry, D., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5113 N. Executive Drive Suite 102	04-4-	7. 0.4	09 / D D / Y Y Y Y 2019
City Peoria	State IL	Zip Code 61614-4893	Transaction ID : 13391254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Jackson Financial Services	Occi Brok	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]
SUBTOTAL of Receipts This Page (optiona	l)		190.00
TOTAL This Period (last page this line num	nber only)		

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			Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		oose o		oliciting	con	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Ini Fisher, Erin, B., ,	tial) or Full C	Organization Name	[Date of	Re	ceipt					
	Mailing Address 131-6 Courtland Avenue				м м 09	1	27		/ Y	ү 20	19 19	Y
	City Stamford	State CT	Zip Code 06902-3443						339125			
	FEC ID number of contributing federal political committee.	С			Amount	OT	Each	Red	ceipt th		eriod 170.0	0
	Name of Employer (for Individual) Find Medicare Plans	Occ Brol	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00									
В.	Full Name of Individual (Last, First, Middle Ini Stacy, Dustin, , ,	itial) or Full C	Organization Name		Date of	Re	ceipt					
	Mailing Address 1151 Red Mile Road				м м 09	1	D 27		/ Y	ې 201	Y 19	Y
	City Lexington	State KY	Zip Code 40504-2649				-		39125			
	FEC ID number of contributing federal political committee.	С			Amount	UI	,	neu	ceipt th		30.0	0
	Name of Employer (for Individual) BIM Group	Occ Bro	cupation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00									
с.	Full Name of Individual (Last, First, Middle Ini Starr, Gwyn, M., ,	itial) or Full C	Organization Name		Date of	Re	ceipt					
	Mailing Address 27777 Franklin Rd, Ste 1300				м м 09	/	27		/ Y	20 ⁻	19 [°]	Y
	City Southfield	State MI	Zip Code 48034-8282						339125		- ui e el	
	FEC ID number of contributing federal political committee.	С			Amount	OT	Each	Red	ceipt th	IS PE	30.0	0
	Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager		Me	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00									
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	y information copied from such Reports and S									
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	utions 1	from suc	h committ	ee.
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Nezat, Ron, J., ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address PO Box 91180				09 ^M	1	27	D / Y	ү ү 2019	Y
	City Lafayette	State LA	Zip Code 70509-1180					1339126 Receipt th	52 nis Period	
	FEC ID number of contributing federal political committee.	С							85.	00
	Name of Employer (for Individual) Global Financial Resources, Inc.	Occi Age	upation (for Individual) nt		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00							
в.	Full Name of Individual (Last, First, Middle Init Tierney, Robert, J., ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 830 N Main St STE 200				09	/	27) / Y	y y 2019	Y
	City Meridian	State ID	Zip Code 83642-2611					1339127 Receipt th	'1 his Period	
	FEC ID number of contributing federal political committee.	С							85.	00
	Name of Employer (for Individual) Compass Benefit Advisors	Occ	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.00	1						
_	Full Name of Individual (Last, First, Middle Init Major-Bell, Victoria, A., ,	tial) or Full O	rganization Name		Date of	Ro	reint			
0.	Mailing Address 8363 SW 84th Place Road				09	/	27		y y 2019	Y
	City Ocala	State FL	Zip Code 34481-5564					133912 Receipt th	72 nis Period	
	FEC ID number of contributing federal political committee.	С					,	, y	30.	00
	Name of Employer (for Individual) VMB Solutions	Occi Brok	upation (for Individual) ser		M	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1						
s	UBTOTAL of Receipts This Page (optional)						, .		200.0	00
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Ruffin, Helena, , ,	dle Initial) or Full C	Organization Name		Date of	Re	eceipt					
Mailing Address 3115 Roxbury Dr <u>#103</u>				м м 09	1	D 27		Y	ү 20	19 19	Y
City	State	Zip Code		Trans	acti	ion ID	: 133	91276	ð		
Los Angeles	CA	90035	A	Amount	t of	Each	Rece	ipt thi	s Pe	eriod	
FEC ID number of contributing federal political committee.	С					-		-		30.0	0
Name of Employer (for Individual) Ruffin Insurance Solutions, Inc.		upation (for Individual) sident		M	emo	ltem					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11.								
Other (specify) v		270.00	4								
Full Name of Individual (Last, First, Mide B. Clark, William, J., ,	dle Initial) or Full C	Organization Name		Date of	^F Re	eceipt					
Mailing Address 7323 Beckford				м м 09	/	D 28		Y	y 201	ү 19	Y
City	State	Zip Code		Trans	acti	on ID	: 133	91425	5		
Reseda	CA	91335-2533	A	Amount	t of	Each	Rece	ipt thi	s Pe	eriod	
FEC ID number of contributing federal political committee.	С					-		-9		30.0	0
Name of Employer (for Individual) Bill Clark Insurance Services		upation (for Individual) sident		M	emo	ltem					
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		270.00	1								
		<u>, , , , , , , , , , , , , , , , , , , </u>	-								
Full Name of Individual (Last, First, Mide C. Blasman, Wayne, , ,	dle Initial) or Full C	Organization Name	[Date of	Re	eceipt					
Mailing Address 5210 Lewis Road, Suite	14			^M 09	1	28		Y	y 201	19 [°]	Y
City	State	Zip Code		Trans	act	ion ID	: 133	91426	6		
Agoura Hills	CA	91301-2662	/	Amount	t of	Each	Rece	ipt thi	s Pe	eriod	
FEC ID number of contributing federal political committee.	С					y		9		85.0	0
Name of Employer (for Individual) Bridgeport Benefits Inc	Occ Brol	upation (for Individual) ker		М	emc	tem					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		705.00	11								
Other (specify)		765.00									
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			Detailed Summary Page		×	11a 13		11b		11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the					or the		oose		oliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Ini Collins, Martha, T., ,	tial) or Full C	organization Name		D	ate of	Re	ceipt					
	Mailing Address 545 N. Mountain Avenue Suite 208					^M 09	/		28	/ Y	1) 19	Y
	City Upland	State CA	Zip Code 91786-5055							339142 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						7		-9-	_	30.0	0
	Name of Employer (for Individual) Martin & Associates	Occ Brol	upation (for Individual) ker			Me	emo	Item	ı				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
в.	Full Name of Individual (Last, First, Middle Ini Lawless, James, A., ,	tial) or Full C	organization Name		D	ate of	Re	ceipt					
	Mailing Address 710 East Main Street Suite 110					м м 09	/	2	28	/ Y	, 20)19	Y
	City Lexington	State KY	Zip Code 40502-1602							339142 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С						-		- 15-	_	42.0	0
	Name of Employer (for Individual) Epic Insurance Solutions, LLC	Occ Bro	upation (for Individual) ker			Me	emo	Item	I				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00										
С.	Full Name of Individual (Last, First, Middle Ini Ambro, Heather, , ,		Prganization Name		D	ate of	Re	ceipt					
	Mailing Address 11704 Lackland Industrial Driv	ve				^M 09	/		28	/ Y)19 [°]	Y
	City Saint Louis	State MO	Zip Code 63146-4209							339142 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				_		y		,	_	85.0	0
	Name of Employer (for Individual) The ECCHIC Group	Occ CEC	upation (for Individual) D			M	emo	ltem	ı				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00										
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т	OTAL This Period (last page this line number	only)		🕨									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Statem for commercial purposes, other than using the nam			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Com	mittee	
A .	Saint Louis N FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Employers Committed To Control Health	itate MO Occu Vice	rganization Name Zip Code 63146-4209 upation (for Individual) President of Administration Year-to-Date ▼	Date of Receipt
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) o West, Kimberly, J., , Mailing Address 3205 Valley Oaks	r Full Oi	865.00 rganization Name	Date of Receipt
		Осси	Zip Code 48383-3447	09 28 2019 Transaction ID : 13391431 Amount of Each Receipt this Period 30.00 Memo Item
	Poppint For:	Age gregate	Year-to-Date ▼ 205.00	
c.	Full Name of Individual (Last, First, Middle Initial) o Banchy, Kate, , , Mailing Address 4233 Southtowne Drive	r Full Oi	rganization Name	Date of Receipt
	Eau Claire FEC ID number of contributing federal political committee.	Occu Brok	Zip Code 54701-2652 upation (for Individual) ker Year-to-Date ▼ 462.00	Transaction ID : 13391442 Amount of Each Receipt this Period 42.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		•	157.00
т	OTAL This Period (last page this line number only).		•	

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a 13		11 14	1b 4		11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	m	ittee										
Α.	Full Name of Individual (Last, First, Middle Initia Selinsky, Steven, , , Mailing Address 28638 Oak Point Drive	al) or Full O)rga	nization Name			ate of	Re		·				
	City	State		Zip Code		L	09 Trans	/ acti	L	28 10 ·		/ Y 39144	2019	Ŷ
	Farmington Hills	MI		48331-2706					-		-		· is Peric	d
	FEC ID number of contributing federal political committee.	С	l						-		_	- - 97-	8	5.00
	Name of Employer (for Individual) Health Alliance Plan		•	tion (for Individual) r of Sales		C	Me	emo) It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 840.00										
В.	Full Name of Individual (Last, First, Middle Initia Martin, Ingrid, L., ,	al) or Full O	rga	nization Name		D	ate of	Re	ece	ipt				
	Mailing Address 3857 Grand Oak Drive					Ľ	м м 09	1	C	28		/ Y	y y 2019	Y
	City Brunswick	State OH		Zip Code 44212-3594					-		-	39144 eipt th	5 is Peric	d
	FEC ID number of contributing federal political committee.	С				Ę	_		-		_	-y	42	2.00
	Name of Employer (for Individual) Ameritas	Occ Bro		tion (for Individual)			Me	emo) It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 378.00]									
С.	Full Name of Individual (Last, First, Middle Initia Waren, M. Hughes, , ,	al) or Full O	rga	nization Name		D	ate of	Re	ece	ipt				
	Mailing Address P.O. Box 7661					Γ	09 ^M	/	ľ	28		/ Y	2019	Y
	City Wilmington	State NC		Zip Code 28406-7661								339144 eipt th	6 is Peric	d
	FEC ID number of contributing federal political committee.	С				ļ		_	9		-	y	3	0.00
	Name of Employer (for Individual) Ebenconcepts, Inc.	Occi Brok	•	tion (for Individual)		ŀ	M	emo	b lt	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 270.00]									
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			Detailed Summa		×	11a 13		11b 14	11c		12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the					or the		oose of	soliciting	g con	ntributi	ons		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
Α.						Date of Receipt								
	Mailing Address 5007 Pine Creek Drive					09 28 2019								
	City Westerville	State Zip Code OH 43081-4849				Transaction ID : 13391447 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					42.00							
	Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.	Occupation (for Individual) President				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	378.00	1									
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Underhill, Charles, E., ,					Date of	Re	ceipt						
	Mailing Address PO Box 626					09 28 2019								
	City Woodland Hills	State CA	Zip Code 91365-0626			Transaction ID : 13391450 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				Amount	. OI				85.0	0		
	Name of Employer (for Individual) Underhill Insurance Agency	Occupation (for Individual) Broker				Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00												
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crosby, Neil, R., ,					Date of	Re	ceipt						
	Mailing Address 32110 Agoura Road						09 28 2019							
	City Westlake Village	State CA	Zip Code 91361-4026			Transaction ID : 13391451 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		Amount	U				85.0	0				
	Name of Employer (for Individual) Warner Pacific Insurance Services	Occupation (for Individual) Director of Sales				Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 765.00												
-	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number							, . , .			212.0	0		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and Statemer for commercial purposes, other than using the name			son for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action (Comi	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initial) or Tower, Kimberly, H., , Mailing Address 408 E ParkCenter Blvd, Suite 100	Date of Receipt										
	City Sta Boise ID	ite	Zip Code 83706-6512	Transaction ID : 13391455 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.			30.00								
	Name of Employer (for Individual) PacificSource Health Plans Receipt For: Agground Primary General Other (specify) ▼	Sale	es Executive Year-to-Date ▼ 240.00	Memo Item								
B.	Full Name of Individual (Last, First, Middle Initial) or Buza, Raymond, F., , Mailing Address 214 East Lakewood Road	Date of Receipt										
	City Sta West Palm Beach FL FEC ID number of contributing federal political committee.		Zip Code 33405-3316	09 28 2019 Transaction ID : 13391460 Amount of Each Receipt this Period 63.00								
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occu Brok	cupation (for Individual)	Memo Item								
	Receipt For: Aggreen and and and and and and and and and an	_	Year-to-Date ▼ 483.00	-								
C.	Full Name of Individual (Last, First, Middle Initial) or I Childers, Russell, B., , Mailing Address PO Box 1547	Date of Receipt										
	City Sta Americus G/		Zip Code 31709-1547	09 28 2019 Transaction ID : 13391461 Amount of Each Receipt this Period								
	federal political committee.	Occu	upation (for Individual)	90.00 Memo Item								
	Russ Childers, CLU Aggreen and and and and and and and and and an	Broke	ker Year-to-Date ▼ 810.00									
s	UBTOTAL of Receipts This Page (optional)			183.00								
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				Detailed Summary Page	×	11a 13] 11k 14		11c		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the			or the		pose	e of s	oliciting		ntribut	ions						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmit	tee													
Α.	Full Name of Individual (Last, First, Middle Ini Tuthill, Glendae, , ,	tial) or Full C	Organ	ization Name	[Date of	Re	eceip	pt								
	Mailing Address 736 Old Greenville Rd					м м 09	1	D	28	/ Y	ү 2() 019	Y				
	City Fayetteville	State GA		Zip Code 30215-5935	A					339146 ceipt th		eriod					
	FEC ID number of contributing federal political committee.	С				_		- y -		-9-	_	25.0	0				
	Name of Employer (for Individual)Occupation (for Individual)Benevestco, Inc.Broker							b Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 225.00													
в.	Full Name of Individual (Last, First, Middle Ini Reents, Joni, Robin, ,	tial) or Full C	Drgan	ization Name		Date of	Re	eceip	pt								
	Mailing Address 10701 Melody Drive Suite 320				09 / 28 / 2019												
	City Northglenn	State CO		Zip Code 80234-4122				-		3 39146 ceipt th		eriod					
	FEC ID number of contributing federal political committee.	С						-		-7	_	85.0	0				
	Name of Employer (for Individual) Reents Insurance Agency		cupati oker	ion (for Individual)		M	emo	b Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 765.00													
с.	Full Name of Individual (Last, First, Middle Ini Scopp, Kenneth, N, ,		Drgan	ization Name		Date of	Re	eceip	pt								
	Mailing Address 12121 Wilshire Blvd Ste 1100					^M 09	1	L	28	/ Y	20)19 [°]	Y				
	City Los Angeles	State CA		Zip Code 90025-1166	A					339146 ceipt th		eriod					
	FEC ID number of contributing federal political committee.	С						y		y	_	25.0	0				
	Name of Employer (for Individual) First Financial Resources	Occ Brok		on (for Individual)		M	emc	o Ite	əm								
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 225.00	1												
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	y information copied from such Reports and S for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full)											
\rangle	Health Underwriters Political Ac	tion Com	nmi	ttee								
۹.	Full Name of Individual (Last, First, Middle Ini Wynkoop Kapostins, Ashley, , ,	tial) or Full C	Drgar	nization Name		Date of	f Re	ecei	pt			
	Mailing Address 255 Primera Blvd, Suite 264					^M 09	/		28	/ Y	ү ү 2019	Y
	City	State		Zip Code		Trans	acti	ion	ID : 1	339146	6	
	Lake Mary	FL		32746-2148	/	Amount	t of	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С						-		-	85.	00
	Name of Employer (for Individual) CIGNA	Occ Bro	•	ion (for Individual)		M	emo	o Ite	em			
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General				11							
	Other (specify)		-	340.00								
	Full Name of Individual (Last, First, Middle Ini Stearns, Candius, Michelle, ,	tial) or Full C	Drgar	nization Name		Date of	f Re	ecei	pt			
	Mailing Address 3315 W Big Beaver Rd Ste 125					м м 09	/		28	/ Y	2019	Y
	City	State		Zip Code		Trans	acti	ion	ID : 1	339146	9	
	Troy	MI		48084-2808				-			nis Period	
	FEC ID number of contributing federal political committee.	С						Ţ			85.	00
	Name of Employer (for Individual) Stearns HR & Compliance Consulting	Occ Bro	•	ion (for Individual)		M	emo	o Ite	em			
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General	50 5			11							
	Other (specify)		,	840.00								
с.	Full Name of Individual (Last, First, Middle Ini Hall, Dwight, , ,	tial) or Full C	Drgar	nization Name		Date of	f Re	ecei	pt			
	Mailing Address 6107 Hazelwood Ave.					^M 09	1		28	/ Y	2019	Y
	City	State		Zip Code		Trans	sacti	ion	ID : 1	1339147	70	
	Indianapolis	IN		46228-1316	/	Amount	t of	Ead	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С						y			30.	00
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	_	М	emo	o Ite	em			
	D Hall & Associates	Brok	•	,								
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General	50 5			11							
	Other (specify)		-	320.00								
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	y information copied from such Reports and St for commercial purposes, other than using the			for	the		pos	se of	sol	liciting	contri	ibuti	ons	
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Kirk, Stephanie, S., , Mailing Address 18887 State Highway 305 Suite 300	al) or Full C	Organization Name		М	te of	Re ′	_	ipt 28		/ Y	201§		Y
	City	State	Zip Code		<u>-</u>		acti	ior	100		391471			
	Poulsbo	WA	98370-7461		Am	nount	of	Ea	ach R	lece	eipt thi	s Peri	iod	
	FEC ID number of contributing federal political committee.	С						-			- J	;	30.0	0
	Name of Employer (for Individual) J.C. Madison Inc		upation (for Individual) ency President & Licensed Produce	er		Me	emo	b It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
в.	Full Name of Individual (Last, First, Middle Initi Paxton, Pauline, , ,	al) or Full C	Organization Name		Da	te of	Re	ece	eipt					
	Mailing Address 194 S Grandean Way					09 ^M	/	l	28		/ Y	, 2019		Y
	City	State	Zip Code		Т	rans	acti	ion	D:	133	391472	<u>></u>		
	Eagle	ID	83616-4993	_	Am	nount	of	Ea	ach R	lece	eipt thi	s Peri	iod	
	FEC ID number of contributing federal political committee.	С						-		_	-y		30.0	0
	Name of Employer (for Individual) Blue Cross of Idaho		cupation (for Individual) count Leader			Me	emo	b lt	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Gant, Tom, , ,	al) or Full C	Organization Name		Da	te of	Re	ece	eipt					
	Mailing Address 100 North Weinbach Avenue					09 ^M	/	l	28		/ Y	2019		Y
	City Evansville	State IN	Zip Code 47711-6006	_							391477		a al	
	FEC ID number of contributing federal political committee.	С			Am	iount	OT	Es	ach R	iece	eipt thi		100 42.0	0
	Name of Employer (for Individual) Schultheis Life & Health Agency	Occ Age	upation (for Individual) nt			Me	emo	o It	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 578.00											
s	UBTOTAL of Receipts This Page (optional)			•				,			y	1(02.0	0
т	OTAL This Period (last page this line number o	only)		•	Г			-			-			

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Any information conied from such Po	norts and Statements m	av not be sold or used by any n	erson for the purpose of soliciting contributions
or for commercial purposes, other that			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	litical Action Com	mittaa	
angle Health Underwriters Po	illical Action Com	millee	
Full Name of Individual (Last, First	, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 8707 Skokie Blvd.	, Ste 206		09 28 2019
City	State	Zip Code	Transaction ID : 13391478
Skokie	IL	60077-2272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Lang Financial Group, Chicago LTE		upation (for Individual) sident	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General	Aggregate		
Other (specify)		335.00	
Full Name of Individual (Last, First	, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address PO Box 337			09 28 2019
City	State	Zip Code	Transaction ID : 13391479
Jerome	ID	83338-0337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Hall and Associates	Occ Age	upation (for Individual) ent	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		370.00]
Full Name of Individual (Last, First	, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 369 Stone Falls A Apt 201	ve SE		09 28 2019
City	State	Zip Code	Transaction ID : 13391480
Ada	MI	49301-7923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Varipro	Reg	ional Sales Executive	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		270.00	1
SUBTOTAL of Receipts This Page (145.00
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	IEMIZED RECEIPTS for each category of the Detailed Summary Page				×	- 1	1a 3] 11 14	1b 4	_	1c 5	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the r										soli	citing	contri	ibutio	ons
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nmi	ttee											
Α.	Full Name of Individual (Last, First, Middle Initia Lubenow, Douglas, , , Mailing Address 214 West Main Street	l) or Full O)rga	nization Name			te of	f Re		·					_
	Suite 101 City	State		Zip Code			09 rans	/	L	28 1 ID : 1	133	91481	2019 1		
	Moorestown	NJ		08057-2345	A				-				s Peri	iod	
	FEC ID number of contributing federal political committee.	С							-		1		8	85.0)
	Name of Employer (for Individual) Lubenow Agency	Occi Brol	•	tion (for Individual)			M	emo	b It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 730.00											
В.	Full Name of Individual (Last, First, Middle Initia Bosnakis, Gina, , ,	ll) or Full O	Drga	nization Name		Da	te of	f Re	ece	ipt					
	Mailing Address 801 B Street Suite #505A					M	09 ^M	/	l	28	/	Y	2019		
	City Anchorage	State AK		Zip Code 99501-3657					-	ID:1			<u>e</u> s Peri	iod	
	FEC ID number of contributing federal political committee.	С							,			-9	3	30.00)
	Name of Employer (for Individual) Gina Bosnakis & Associates	Occ Bro		tion (for Individual)			M	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00											
С.	Full Name of Individual (Last, First, Middle Initia Grava, A. Andra, , ,	ll) or Full O	Drga	nization Name		Da	te of	f Re	ece	ipt					
	Mailing Address 40 E. McDermott					M	09 ^M	1	l	D D 28	/	Y	y 2019		
	City Allen	State TX		Zip Code 75002-2802					-	ID :			3 s Peri	iod	
	FEC ID number of contributing federal political committee.	С							9			y	25	50.00)
	Name of Employer (for Individual) The DI Center	Occi Brok	•	tion (for Individual)			М	emc	o It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2090.00											
s	UBTOTAL of Receipts This Page (optional)			•	.				9		1	y	36	65.00)
т	OTAL This Period (last page this line number or	ıly)							-					-	

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	y information copied from such Reports and St for commercial purposes, other than using the							f sol			
	NAME OF COMMITTEE (In Full)			0 10 30			utions	non	1 3001		
\rangle	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Flowers, Jeannette, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 601 Hickory Street				м м 09	1	D 28		/ Y	y y 2019	Y
	City Liverpool	State NY	Zip Code 13088-4416				i on ID Each			4 is Period	
	FEC ID number of contributing federal political committee.	С							-y	30.	00
	Name of Employer (for Individual) Pomco	Occu Brok	ipation (for Individual) er		Me	əmc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
в.	Full Name of Individual (Last, First, Middle Initi Carothers, Christopher, B., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 3161 East Warm Springs Rd #	300			м м 09	1	28		/ Y	y 2019	Y
	City Las Vegas	State NV	Zip Code 89120-3144		Trans						
	FEC ID number of contributing federal political committee.	С			Amount	01	Each	Hece	ipt tri	is Period 12.	00
	Name of Employer (for Individual) Carothers Insurance Agency, Inc.		upation (for Individual) ncy Owner		Me	emc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 358.00]							
C.	Full Name of Individual (Last, First, Middle Initi Barta, James, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 331 TownePark Circle Suite 200				09	1	28	3		2019	Y
	City LOUISVILLE	State KY	Zip Code 40243-2351	_			ion ID Each			0 is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		y	30.	00
	Name of Employer (for Individual) The Legacy Benefits Group	Occu Sale	ipation (for Individual) s		M	emo	tem Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]							
s	UBTOTAL of Receipts This Page (optional)			•			, .		y	72.	00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check d	only c	one)			
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Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full)	ing the name and a	address of any political committe	e to solicit	contri	butions 1	from suci		e.
Health Underwriters Politic	al Action Com	mittee						
Full Name of Individual (Last, First, Mic A. Bull, Lynn, M., ,	Idle Initial) or Full C	Organization Name	Date	of R	eceipt			
Mailing Address P O Box 3277			0		/ D E 28		2019	Y
City Turlock	State CA	Zip Code 95381-3277				1339149 Receipt th	92 nis Period	
FEC ID number of contributing federal political committee.	C			_			30.0	0
Name of Employer (for Individual) Winton-Ireland Insurance Agency, Inc.		upation (for Individual) nefits Dept. Manager		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]					
Full Name of Individual (Last, First, Mic B. Hoover, Shelley, , ,	Idle Initial) or Full C	Organization Name	Date	of R	eceipt			
Mailing Address 15431 Washington St.			M 0		/ D D D D D D D D D D D D D D D D D D D		2019	Ŷ
City Riverside	State CA	Zip Code 92506-5763				1339149 Receipt th	13 his Period	
FEC ID number of contributing federal political committee.	С						30.0	0
Name of Employer (for Individual) Dickerson Insurance Services		upation (for Individual) ker		Mem	o Item			
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1					
Other (specify) ▼		270.00	1					
Full Name of Individual (Last, First, Mic C. Olson, Trenton, M., ,	,	Organization Name	Date	of R	eceipt			
Mailing Address 9980 S. 300 W. Suite 1	40 State	Zin Code	0	9	28		2019	Ŷ
City Sandy	UT	Zip Code 84070-3641				: 1339149 Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C			_	y	5	30.0	0
Name of Employer (for Individual) Senior Benefits Insurance Services	Occ Broł	upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1					
SUBTOTAL of Receipts This Page (optio	nal)				9		90.0	0
TOTAL This Period (last page this line n	umber only)							

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FOR LINE NUMBER:

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for each category of the Detailed Summary Page				11a 13		11b 14	11c 15	12 16	17
Any information copied from such Reports or for commercial purposes, other than usin							soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Commi	ttee							
Full Name of Individual (Last, First, Mide A. Whaley, Vicki, Lee, , Mailing Address PO Box 759 170 River Rock Rd City Lewiston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Vicki Whaley Ins Svcs. Receipt For: Primary General Other (specify)	State CA C	Zip Code 96052-0759 ion (for Individual) Agent		mount	of	28 on ID :	1339149	2019 98 his Period 42.	
Full Name of Individual (Last, First, Midd B. Applegate, Teena, , , Mailing Address 3111 C St. City Anchorage FEC ID number of contributing federal political committee. Name of Employer (for Individual) RISQ Consulting	State AK C	Zip Code 99503-3901		mount	of	28 on ID :	1339149	2019 99 nis Period 30.	
Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Midd Blackford, Stephen, I, ,	Aggregate Yea	210.00	D	ate of	Re	ceipt			
Mailing Address 11481 Old St. Augustine City Jacksonville FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Blackford Group Receipt For: Primary General Other (specify)	State FL	-		mount	of		133915	2019 D1 nis Period 30.	
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu		· · · · · · · · · · · · · · · · · · ·				,		102.	00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)	L		
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee						
Full Name of Individual (Last, First, Mi A. Lago, Julian, E., ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt			
Mailing Address 6671 W Indiantown Ro	d, Ste 50284		M 09		28) / Y	y 2019	Y
City Jupiter	State FL	Zip Code 33458-3991				1339150 Receipt th	3 iis Period	
FEC ID number of contributing federal political committee.	C				-y 1		85.0	00
Name of Employer (for Individual) Benezon LLC	Occi Brol	upation (for Individual) ker		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00]					
Full Name of Individual (Last, First, Mi B. Hanson, Sabrina, , ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt			
Mailing Address 5809 Acorn Knoll Plac	e		09		28		2019	Y
City Mebane	State NC	Zip Code 27302-7194				1339150		
FEC ID number of contributing federal political committee.	C	27302-7134		Int of	Each F	receipt th	iis Period 30.0	00
Name of Employer (for Individual) TASC		upation (for Individual) gional Director		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]					
Full Name of Individual (Last, First, Mi C. Cagliola, Victoria, , ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt			
Mailing Address 1041 Old Cassatt Rd			09		30		2019	Y
City Berwyn	State PA	Zip Code 19312-1152				1339150 Receipt th	8 lis Period	
FEC ID number of contributing federal political committee.	C			_	y i	, ,	85.0	00
Name of Employer (for Individual) Simkiss & Block	Occi CPA	upation (for Individual)		Mem	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00]					
SUBTOTAL of Receipts This Page (option	onal)	·······			, i	,	200.0	00
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			for each category of the Detailed Summary Page		4 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and St for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Venditto, Michael, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 609 New Road, #D				м м 09	/	D 26		2019	Y
	City Linwood	State NJ	Zip Code 08221-1250					: 1339251 Receipt th	5 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		42.0	00
	Name of Employer (for Individual) Hafetz & Associates	Occu Brok	upation (for Individual) ker		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	1						
в.	Full Name of Individual (Last, First, Middle Initi McDougall, Heather, Lee, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1312 W Kiva Ave				м м 09	1	30		2019	Y
	City Mesa	State AZ	Zip Code 85202-6633				-		59221295 his Period	
	FEC ID number of contributing federal political committee.	С			[.			7	30.0	00
	Name of Employer (for Individual) Affiliated Insurance Solutions	Occi Brol	upation (for Individual) ker		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00] F	P/R Dedu	uctio	on (\$30	.00 Month	nly)	
с.	Full Name of Individual (Last, First, Middle Initi Villagran, Denise, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1016 Santa Fe, #205				09	1	30		2019 [°]	
	City Corpus Christi	State TX	Zip Code 78404-2343						61221295 his Period	
	FEC ID number of contributing federal political committee.	С			Ē		9	7	42.0	00
	Name of Employer (for Individual) Entrust, Inc.	Occu Brok	upation (for Individual) ser		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 306.00	1	P/R Ded	ucti	on (\$42	2.00 Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)			•			9	9	114.(00
т	OTAL This Period (last page this line number o	only)		•						

SCHEDULE A (FEC Form 3X) _ _ _ _ _

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl Schreder, Lynn, M., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 130 North 25th Street			09 30 / Y Y Y Y Y
City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : PR433076121295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) KHI Solutions	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Monthly)
Full Name of Individual (Last, First, Middl Adams, Carla, , , Mailing Address PO Box 7630	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	09 30 2019
Horseshoe Bay	TX	78657-7630	Transaction ID : PR433095021295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) TASC	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middl C. Deacon, Joseph, H., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 221 1/2 Hale Street PO Box 2831	01-1-	7. 0.4	09 / D D / Y Y Y Y 30 / 2019
City Charleston	State WV	Zip Code 25301-2207	Transaction ID : PR433129321295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Midd McFerrin, Dwane, C., ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 8420 West Dodge Road Suite 510			09 30 Y Y Y Y 2019									
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168121295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Senior Market Sales, Inc.	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Midd 3. Christensen, H Elizabeth, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3013 Sonora Canyon Rd			09 / 09 / 2019									
City Weatherford	State TX	Zip Code 76087-8215	Transaction ID : PR433187721295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) United Senior Services of Texas	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Midd C. Dorman, Harry, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1500 N Casaloma Dr Su			09 / D D / Y Y Y Y 2019									
City Appleton	State WI	Zip Code 54913-8219	Transaction ID : PR433197421295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Medicare Masters, LLC	Occi Age	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL of Receipts This Page (optiona	al)		145.00									
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ITEMIZED RECEIPTS			Use separate schedule(s)	(check on	(check only one)							
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\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political Acti	ion Com	mittee									
	Name of Individual (Last, First, Middle Initiang, Scott, W., ,	al) or Full Oi	rganization Name	Date o	Date of Receipt							
Mai	ling Address 1715 Greenway Village Dr.			09	09 30 2019							
City Kat		State TX	Zip Code 77494-2175		saction ID It of Each							
	C ID number of contributing eral political committee.	С					30.0	0				
Bea	ne of Employer (for Individual) azley Group		upation (for Individual) s Manager		lemo Item							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Dec	duction (\$3	0.00 Montl	nly)					
	Name of Individual (Last, First, Middle Initia ittain, Jennifer, , ,	al) or Full Oi	rganization Name	Date c	f Receipt							
	ling Address 208 N. Mill			09 / D D / Y Y Y Y 2019								
City Pry		State OK	Zip Code 74361-2422		saction ID							
FEC	C ID number of contributing eral political committee.	C		Amount of Each Receipt this Period 42.00 Memo Item								
	me of Employer (for Individual) wn & Brown, Inc.	Occu Brok	upation (for Individual) ker									
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)								
	Name of Individual (Last, First, Middle Initia erken, Barbara, Ann, ,	al) or Full O	rganization Name	Date c	f Receipt							
	ling Address 1775 Indian Wood Circle			09	/ D		2019	Ŷ				
City Ma	umee	State OH	Zip Code 43537-4010		saction ID							
	C ID number of contributing eral political committee.	С				, y	30.0	0				
Firs	ne of Employer (for Individual) st Insurance Group	Occu Direc	upation (for Individual) ctor		lemo Item							
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	P/R Dee	duction (\$3	0.00 Mont	nly)					
SUBT	TOTAL of Receipts This Page (optional)						102.0	0				
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SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Midd A. Shooshanian, Barbara, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 39500 High Pointe Blvd Ste 400			09 / D D / Y Y Y Y 2019								
City Novi	State MI	Zip Code 48375-5517	Transaction ID : PR433298721295 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) Health Alliance Administrators	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Midd B. Vetter, Leah, M., ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10050 Regency Circle Suite 300			M M / D D / Y Y Y Y Y 09 / 30 / 2019								
City Omaha	State NE	Zip Code 68114-3721	Transaction ID : PR433302721295 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Arthur J. Gallagher	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Midd C. Thams, Todd, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1209 Broadway			09 / D D / Y Y Y Y Y 09 30 2019								
City Denison	State IA	Zip Code 51442-2632	Transaction ID : PR433308321295 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Thams Agency	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)								
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	LIVIZED RECEIPTS		Detailed Summary Page					11	b		11c	12			
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or	y information copied from such Reports and for commercial purposes, other than using t														
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mi	ttee											
	Full Name of Individual (Last, First, Middle I Spleet, Michael, , ,	nitial) or Full O	rgar	ization Name		Date o	f Re	ece	ipt						
	Mailing Address 2444 East Hill Rd.					09 / D D / Y Y Y Y 09 30 2019									
	City Grand Blanc	State MI		Zip Code 48439-5098								662129			
	FEC ID number of contributing federal political committee.	C		40439-3090	/	Amoun	t of	Ea	ich F	Rec	eipt thi	is Perio 120			
	Name of Employer (for Individual)		upat	ion (for Individual)	_	M	lemo	b It	em	Ì					
	Franklin Benefit Soutions Receipt For:	Brok Aggregate		r-to-Date ▼											
	Primary General Other (specify) ▼		-	1125.00] P.	/R Dec	ductio	on	(\$12	0.0	0 Mont	thly)			
	Full Name of Individual (Last, First, Middle I Ornellas, Helen, , ,	nitial) or Full O	rgar	ization Name		Date o	f Re	ece	ipt						
	Mailing Address 239 W. Court St.					м м 09	1	l	30		/ Y	y y 2019	Y		
	City Woodland	State CA		Zip Code 95695-3080								322129 is Period			
	FEC ID number of contributing federal political committee.	С		42.00											
	Name of Employer (for Individual) Ornellas & Associates	Occi Brol	•	ion (for Individual)		M	lemo	b lt	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 378.00	P/	′R Ded	luctio	on	(\$42	.00	Month	ly)			
	Full Name of Individual (Last, First, Middle I Willison, Clover, Denise, ,	nitial) or Full O	rgar	ization Name		Date o	f Re	ece	ipt						
	Mailing Address 355 Sprowel Creek Rd					^M 09	1	l	30		/ Y	y y 2019	Y		
	City Garberville	State CA		Zip Code 95542-3110								862129			
	FEC ID number of contributing federal political committee.	C				Amoun	τοτ	Ea	ICN F	tec	eipt th	is Perioo 100			
	Name of Employer (for Individual) Clover Willison Insurance Services	Occu Brok	•	ion (for Individual)		N	lemc	o It	em						
	Receipt For: Primary General Other (specify)			r-to-Date ▼ 900.00	P	/R Dec	ducti	on	(\$10	0.0	0 Mon	thly)			
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TEMIZED RECEIPTS		tegory of the mmary Page	≭ 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	y me name and address of any									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Committee									
Full Name of Individual (Last, First, Midd Drake, Laura, , ,	le Initial) or Full Organization Nar	me	Date of Receipt							
Mailing Address 401 Gooding St N #106			M M / D D / Y							
City	State Zip Code		Transaction ID : PR433504421295							
Twin Falls	ID 83301-67	177	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Laura Drake Insurance	Occupation (for Ind Agent	ividual)	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼	,	-							
Primary General Other (specify) ▼		378.00	P/R Deduction (\$42.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Coogan, Michael, , ,	le Initial) or Full Organization Nar	me	Date of Receipt							
Mailing Address 118 North Bedford Road Suite 100			09 30 2019							
City	State Zip Code		Transaction ID : PR433548021295							
Mount Kisco	NY 10549-25	555	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00 Memo Item							
Name of Employer (for Individual) Coogan FX Insurance LLC	Occupation (for Ind Agency Founder	lividual)								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	330.00	P/R Deduction (\$42.00 Monthly)							
Full Name of Individual (Last, First, Midd C. VanDuine, Dustin, , ,	le Initial) or Full Organization Nar	me	Date of Receipt							
Mailing Address 2850 W Grand Blvd			09 30 / Y Y Y Y 09 30 2019							
City	State Zip Code		Transaction ID : PR433572621295							
Detroit	MI 48202-26	43	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual)	Occupation (for Ind	ividual)	Memo Item							
Health Alliance Plan	Account Executive		-							
Receipt For:	Aggregate Year-to-Date ▼	,	-							
Primary General	, iggi ogalo i oai lo Dale V		P/R Deduction (\$30.00 Monthly)							
Other (specify)		270.00								
SUBTOTAL of Receipts This Page (option	al)		. 114.00							
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ther than using the name and a n Full) rs Political Action Corr st, First, Middle Initial) or Full C erpoint Dr., Ste 940 State AK	address of any political committee		Date of	tributi	ions fro							
rs Political Action Corr st, First, Middle Initial) or Full C erpoint Dr., Ste 940 State AK	Drganization Name		M M	Rece								
erpoint Dr., Ste 940	Zip Code		M M	Rece								
State AK				1								
AK			09 30 2019									
ting	99503-5825		Transa	action	n ID : F	R43369	2821295					
ting			Amount	of Ea	ach Re	ceipt th	is Period					
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			P/R Dedu	iction	(\$30.0	0 Month	nly)					
st, First, Middle Initial) or Full C	Drganization Name		Date of	Rece	eipt							
Circle Suite 200			^M M	/	D D D 30	/ Y	2019	Y				
State	Zip Code		Transa	ctior	n ID : P	R43369	4521295	_				
TX	79109-1619		Amount	of Ea	ach Re	ceipt th	is Period					
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	Zip Code		Transa	actio	n ID : F	PR43379	91821295					
U	83703-5015		Amount	of Ea	ach Re	ceipt th	is Period					
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	neral State ast, First, Middle Initial) or Full C State TX tring C N, LLC O neral Aggregate ast, First, Middle Initial) or Full C ast, First, Middle Initial) or Full C ast, First, Middle Initial) or Full C ast, State ID tring C Aggregate neral Aggregate	ast, First, Middle Initial) or Full Organization Name c Circle Suite 200 State Zip Code TX 79109-1619 tring C ividual) Occupation (for Individual) heral Aggregate Year-to-Date ▼ ast, First, Middle Initial) or Full Organization Name 27 ast, First, Middle Initial) or Full Organization Name 27 ast, First, Middle Initial) or Full Organization Name 27 aft St Zip Code ID 83703-5015 tring C ividual) Occupation (for Individual) Benefit Consultant Aggregate Year-to-Date ▼ neral Aggregate Year-to-Date ▼	neral 270.00 ast, First, Middle Initial) or Full Organization Name c Circle Suite 200	neral 270.00 P/R Dedu ast, First, Middle Initial) or Full Organization Name Date of State Zip Code Transa TX 79109-1619 Amount ividual) Occupation (for Individual) Me ividual) Occupation (for Individual) P/R Dedu ividual) Occupation (for Individual) Date of ividual) Occupation (for Individual) Date of ividual) Occupation (for Individual) Date of ividual) Occupation (for Individual) Amount ividual) Occupation (for Individual) Amount ividual) Occupation (for Individual) Amount ividual) Occupation (for Individual) P/R Dedu ividual) Occupation (for Individual) P/R Dedu ineral Aggregate Year-to-Date ▼ P/R Dedu	neral 270.00 P/R Deduction ast, First, Middle Initial) or Full Organization Name Date of Reco c Circle Suite 200 State Zip Code TX 79109-1619 Amount of E itvidual) Occupation (for Individual) Memo I htting Occupation (for Individual) P/R Deduction itvidual) Occupation (for Individual) P/R Deduction itvidual) Occupation (for Individual) P/R Deduction itvidual) Organization Name Date of Reco itvidual) Occupation (for Individual) Memo I itvidual) Occupation (for Individual) P/R Deduction invidual) Occupation (for Individual) P/R Deduction invidual Aggregate Year-to-Date ▼ P/R Deduction invidual Aggregat	neral 270.00 P/R Deduction (\$30.0 ast, First, Middle Initial) or Full Organization Name Date of Receipt c Circle Suite 200 Transaction ID : P Amount of Each Re 109 itvidual) Occupation (for Individual) broker P/R Deduction (\$30.0 neral Aggregate Year-to-Date ▼ Iting 270.00 State Zip Code Transaction ID : P Amount of Each Re Invidual) Occupation Name Aggregate Year-to-Date ▼ P/R Deduction (\$30.0 Transaction ID : P Amount of Each Re Invidual) Occupation (for Individual) Benefit Consultant Aggregate Year-to-Date ▼ Invidual) Occupation (for Individual) Benefit Consultant Aggregate Year-to-Date ▼ P/R Deduction (\$42.0	Image: State sta	neral 270.00 P/R Deduction (\$30.00 Monthly) ist, First, Middle Initial) or Full Organization Name Date of Receipt : Circle Suite 200 State Zip Code TX 79109-1619 Transaction ID : PR433694521295 Amount of Each Receipt this Period 30.0 ividual) Occupation (for Individual) Memo Item heral Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Monthly) att St State Zip Code ividual) Or Full Organization Name Date of Receipt ist, First, Middle Initial) or Full Organization Name P/R Deduction (\$30.00 Monthly) att St State Zip Code ining C Occupation (for Individual) benefit Consultant Memo Item heral Aggregate Year-to-Date ▼ ividual) Occupation (for Individual) Benefit Consultant P/R Deduction (\$42.00 Monthly)				

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b		11c	12			
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
\rangle	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Skinner, Roger, W., ,	al) or Full O	rganization Name	[Date of	Re	eceipt						
	Mailing Address 5518 Hammock Glen Drive				M M / D D / Y Y Y Y 09 30 2019								
	City	State	Zip Code		Trans	acti	ion ID	: P	R43678	39421295			
	Indianapolis	IN	46235-9779	A	Amount	t of	Each	Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					-		-9	30.5			
	Name of Employer (for Individual) Argus Dental & Vision	Occi Broł	upation (for Individual) ter		M	emo	ltem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		274.50	P/	'R Ded	uctio	on (\$3	0.5	0 Month	ıly)			
В.	Full Name of Individual (Last, First, Middle Initi Rippinger, John, F., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 12253 N 115th St				м м 09	/	D 3(/ Y	2019	Y		
	City	State	Zip Code		Trans	acti	on ID	: P	R43679	3521295			
	Scottsdale	AZ	85259-2618	A	Amount	t of	Each	Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					-		-	30.0	0		
	Name of Employer (for Individual) Rippinger Financial Group, Inc.	Occi Brol	upation (for Individual) ker		M	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00] P/	R Ded	uctio	on (\$30	0.00	0 Month	ily)			
С.	Full Name of Individual (Last, First, Middle Initi Trautwein, Janet, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 1212 New York Ave. NW, Ste	1100			^M 09	/	D 3		/ Y	y y 2019	Y		
	City	State	Zip Code		Trans	act	ion ID	: P	PR43682	21421295			
	Washington	DC	20005-3987	/	Amount	t of	Each	Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			_		y		y	170.0	00		
	Name of Employer (for Individual) NAHU	Occu CEC	upation (for Individual)		M	emc	tem						
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Primary General Other (specify)	, iggi oguto	1530.00	P/	/R Ded	ucti	on (\$1	70.	.00 Mon	thly)			
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s	UBTOTAL of Receipts This Page (optional)						9		,	230.5	0		
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			for each category of the Detailed Summary Page	¥ 11a 13		11b 14	11c 15	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						soliciting	contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Rios-Carl, Elizabeth, E., ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 210 North Campbell	-1		09 30 / Y Y Y Y 2019								
	City El Paso	State TX	Zip Code 79901-1406					2 4521295 is Period				
	FEC ID number of contributing federal political committee.	С						85.	00			
	Name of Employer (for Individual) Self-Employed	Occu Brok	upation (for Individual) ker		Memo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 555.00	P/R De	ducti	on (\$85.0	0 Montł	nly)				
в.	Full Name of Individual (Last, First, Middle Initia Berman, David, A, ,	al) or Full O	rganization Name	Date	of Re	eceipt						
	Mailing Address 8805 Sawleaf Road			09		- 30	/ Y	y y 2019	Y			
	City Indianapolis	State IN	Zip Code 46260-1534					2 9721295 is Period				
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occu Broł	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	P/R Deduction (\$85.00 Monthly)								
С.	Full Name of Individual (Last, First, Middle Initia Ashmore, Elizabeth, , ,	al) or Full O	rganization Name	Date	of Re	eceipt						
	Mailing Address 6102 82nd St, Bldg #6			M 09		D D 30	/ Y	2019	Y			
	City Lubbock	State TX	Zip Code 79424-0803					30321295 is Period	5			
	FEC ID number of contributing federal political committee.	С				, .	,	170.	00			
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occu Brok	upation (for Individual) .er		Memo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1630.00	P/R De	educti	on (\$170	.00 Mon	thly)				
s	UBTOTAL of Receipts This Page (optional)		>			, ,		340.	00			
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Mido Grundman, Robert, A., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7412 Karl Drive			09 30 / Y Y Y Y 2019									
City Lincoln	State NE	Zip Code 68516-4368	Transaction ID : PR436838921295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) Senior Benefit Strategies	Occu Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)									
Full Name of Individual (Last, First, Mido B. Wright, Keith, L., ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 401 W Front St Ste 4	Ctata	Zin Code	M m m / D m m / Y Y Y Y Y 09 30 / 2019 Transaction ID : PR436848521295									
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848521295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Wright Insurance Group	Occu Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Mide C. Bean, Darrald, T., ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3922 Rampart ST			09 / D D / Y Y Y Y 09 30 2019									
City Boise	State ID	Zip Code 83704-4557	Transaction ID : PR436853321295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Bean Insurance	Occu Brok	ipation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL of Receipts This Page (option	al)		122.00									
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SCHEDULE A (FEC Form 3X) -

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	EMIZED RECEIPTS			category of the Summary Page	×	11a 13		11b		11c 15	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the									liciting	contribu	tions				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Init Trebing, C. Louanne, , ,	tial) or Full O	rganization	Name		Date of Receipt										
	Mailing Address 1806 Patton Drive					M = M / D = D / Y = Y = Y Y 09 30 2019										
	City Garland	State TX	Zip Co 7504	de 2-8205				-			56921295 is Period					
	FEC ID number of contributing federal political committee.	С			/	Amour			i net		30.	_				
	Name of Employer (for Individual) Trebing Insurance Services	Occi Brol	upation (for ker	Individual)		N	lemc	o Iten	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 270.00] P	/R Dec	ductio	on (\$	30.00) Month	ıly)					
	Full Name of Individual (Last, First, Middle Init Freeman, Michael, J., ,	tial) or Full O	rganization	Name		Date c	of Re	eceipt	t							
	Mailing Address 2333 Camino Del Rio South Suite 200		Zip Co			09 / D D / Y Y Y Y 2019										
	City San Diego	State CA		Transaction ID : PR436861821295 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occ Age	upation (for ent	Individual)		N	1emc	o Iten	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 270.00] P,	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Init Mobley, Sandra, V., ,	tial) or Full O	rganization	Name		Date c	of Re	eceipt	t							
	Mailing Address 137 Executive Dr. Suite D					[™] 09	1 /		30 ^D	/ Y	ү 2019					
	City Madison	State MS	Zip Co 39110	de)-8456							69321295 is Period					
	FEC ID number of contributing federal political committee.	С						,		J	50.	_				
	Name of Employer (for Individual) Mobley Insurance Agency LLC	Occi Brok	upation (for ker	Individual)		N	lemo	o Iter	n							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Dat	e ▼ 450.00]	/R Deo	ducti	ion (\$	50.00) Month	ıly)					
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T	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the n						soliciting		tions		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Wilson, Paula, L., ,	l) or Full O	organization Name	Date c	Date of Receipt						
	Mailing Address 31930 Daniel Way			09 30 / Y Y Y Y 2019							
	City Temecula	State CA	Zip Code 92591-2129					7 3521295 is Period			
	FEC ID number of contributing federal political committee.	С				, .	 	85.	00		
	Name of Employer (for Individual) Paula Wilson, Inc.	Occu Brok	upation (for Individual) ker		1emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Dec	ductic	on (\$85.)	00 Montl	nly)			
в.	Full Name of Individual (Last, First, Middle Initia Trahin, Cindy, K., ,	l) or Full O	organization Name	Date c	of Re	ceipt					
	Mailing Address 7127 Homestead Road Suite B		- 1	09		, 30	/ Y	y y 2019	Y		
	City Fort Wayne	State IN	Zip Code 46814-4601					7 5621295 is Period			
	FEC ID number of contributing federal political committee.	С				,	95	30.	00		
	Name of Employer (for Individual) Trahin Insurance Services LLC	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270,00	P/R Deduction (\$30.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initia Stuart, Rodney, , ,	l) or Full O	organization Name	Date o	of Re	ceipt					
	Mailing Address 484 E Carmel Dr Suite 358	01-1-		09		30	JL	2019			
	City Carmel	State IN	Zip Code 46032-2812					83321295 is Period			
	FEC ID number of contributing federal political committee.	С				, .		50.	00		
	Name of Employer (for Individual) Strategic Insurance Inc.	Occu Brok	upation (for Individual) ker		lemo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Dec	ductio	on (\$50.	00 Mont	hly)			
s	UBTOTAL of Receipts This Page (optional)		>			, .		165.	00		
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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee	
Full Name of Individual (Last, First, Middle Spragins, Jackie, L., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address P O Box 2073	State Zip Code	09 30 2019 Transaction ID : PR436895321295
Wichita Falls	TX 76307-2073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura	Occupation (for Individual) Producer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, Middle B. Janway, Leah-Anne, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2225 SW 96		M M / D D / Y Y Y Y 09 30 2019
City Oklahoma City	StateZip CodeOK73159-6861	Transaction ID : PR436901521295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Self	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle C. Booth, Tonya, S., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 275 W. Campbell Road Suite 215 - LB 16		09 / D D / Y Y Y Y 09 30 / 2019
City Richardson	State Zip Code TX 75080-8001	Transaction ID : PR436911021295
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Upshaw Insurance Agency	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 874.00	P/R Deduction (\$100.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line num	ber only)	

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			Use separate schedule(s)	(check onl	y one)				
			for each category of the Detailed Summary Page	X 11a	11			12 16	17
	information copied from such Reports and Sta or commercial purposes, other than using the n			rson for the	purpos	se of solic	iting	contributi	ions
\	IAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee						
	ull Name of Individual (Last, First, Middle Initia Shaffer, Annette, , ,	l) or Full Or	rganization Name	Date o	f Recei	ipt			
N	Iailing Address 418 South Main Street			M M 09	/	30 /	Y	ү ү 2019	Y
	Sity Findlay	State OH	Zip Code 45840-3273			ID:PR43			
	EC ID number of contributing ederal political committee.	С					7	30.0	0
G	lame of Employer (for Individual) Group Benefit Consultants	Occu Brok	upation (for Individual) er	м	lemo Ite	em			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Ded	luction ((\$30.00 M	lonthl	ly)	
	ull Name of Individual (Last, First, Middle Initia Kaczmarek, Lawrence, , ,	l) or Full Or	rganization Name	Date o	f Recei	ipt			
_	Iailing Address 145 N. Chestnut St., Ste. 202	1		09		30 /	Y	ү ү 2019	Y
	Sity Ravenna	State OH	Zip Code 44266-4009			ID:PR43			
	EC ID number of contributing ederal political committee.	С			-		y	31.0	0
	lame of Employer (for Individual) aczmarek Ins. Services Agency, Inc.	Occu Brok	upation (for Individual) ker	М	lemo Ite	em			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 279.00	P/R Ded	uction ((\$31.00 M	onthl	y)	
	ull Name of Individual (Last, First, Middle Initia Stenger, James, R., ,	l) or Full Or	rganization Name	Date o	f Recei	ipt			
_	Aailing Address 8926 Crown Colony Boulevard	-		09		30 /	Y	y y 2019	Y
	Sity Fort Myers	State FL	Zip Code 33908-5627			ID:PR4			
	EC ID number of contributing ederal political committee.	С			. ,		9	85.0	0
Ν	lame of Employer (for Individual) /VS Consulting	Occu Brok	ipation (for Individual) er		lemo Ite	em			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R Dec	luction ((\$85.00 M	lonth	ly)	
SU	BTOTAL of Receipts This Page (optional)		•		. ,		,	146.0	0
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			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee										
Full Name of Individual (Last, First, Middle Seifert, Gregory, J., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P.O. Box 189 916 Main Street			09 30 2019									
City Vancouver	State WA	Zip Code 98666-0189	Transaction ID : PR436941621295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		85.00									
Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 915.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middle Woods, John, T., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9400 East Market Street	State	Zip Code	09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
Warren	OH	44484-5514	Transaction ID : PR436950021295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Middle Holland, Robert, V., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 698			09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961721295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		63.00									
Name of Employer (for Individual) Centralia General Agencies	Occi Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 468.00	P/R Deduction (\$63.00 Monthly)									
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			178.00									

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		Detailed Summary Page	×	-		11	b	11c	12	
				13		14		15	16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Schneider, John, E, ,	Initial) or Full C	organization Name	[Date of	Re	ecei	pt			
Mailing Address 4701 Trousdale Dr. Ste 20)2			м м	/		30	/ Y	2019	Y
City	State	Zip Code		Trans	acti	ion	ID : I	PR43696	63521295	
Nashville	TN	37220-1386	/	Amount	of	Ead	ch Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-			30.0	
Name of Employer (for Individual) Colonial Life	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	əm			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		270.00	P/	'R Dedi	uctio	on ((\$30.0	00 Month	nly)	
Full Name of Individual (Last, First, Middle B. Parker, John, C., ,	Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 38 Hope St Unit 1312				м м 09	1		30	/ Y	2019	Y
City	State CT	Zip Code				-			6821295	
Niantic		06357-2454		Amount	: of	Ead	ch Re	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	C					-	_		100.0	00
Name of Employer (for Individual) Parker Agency	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	əm			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	P/	R Dedu	uctio	on ((\$100	.00 Mont	thly)	
Full Name of Individual (Last, First, Middle C. Splawn, William, Craig, ,	Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 800 Avenue C				м м 09		L	30		ү ү 2019	Y
City Katy	State TX	Zip Code 77493-2302							92821295	
FEC ID number of contributing federal political committee.	C			Amount	: of	Ea	ch Re	eceipt th	is Period 50.0	0
			- 1		emc	, , lte	om			
Name of Employer (for Individual) Splawn & Associates	Occ Brol	upation (for Individual) ker			enic	Jile	5111			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P	/R Ded	ucti	on ((\$50.0	00 Month	nly)	
SUBTOTAL of Receipts This Page (optional))	b							180.0	0
TOTAL This Period (last page this line numb			- i			,				

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I LIVILLU REGEIFIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee		
Full Name of Individual (Last, First, Middle A. Phillips, Paige, W., ,	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1434 Hwy 301			09 30 2019	
City Calera	State AL	Zip Code 35040-5466	Transaction ID : PR436993021295 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer (for Individual) Self	Occi Brol	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Monthly)	
Full Name of Individual (Last, First, Middle B. Fristoe, Kelly, Don, ,	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address PO Box 4789			09 30 2019	
City Wichita Falls	State TX	Zip Code 76308-0789	Transaction ID : PR437002321295 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		30.00	
Name of Employer (for Individual) Financial Partners	Occ Bro	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 955.00	P/R Deduction (\$30.00 Monthly)	
Full Name of Individual (Last, First, Middle C. Thorn, Ryan, P., ,	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 10342 South Springcrest			09 / 0 / Y Y Y Y 2019	
City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004021295 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		40.00	
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occi Brok	upation (for Individual) er	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$40.00 Monthly)	
SUBTOTAL of Receipts This Page (optiona	l)		170.00	
TOTAL This Period (last page this line num	ber only)			

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	for commercial purposes, other than using the									
\backslash	NAME OF COMMITTEE (In Full)									
	Health Underwriters Political Act	ion Com	mittee							
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name							
Α.	Buie, Scott, T., ,				Date of	Re	eceipt	_		
	Mailing Address 4525 S 2300 E Ste 201				м м 09	1	30		2019	Y
	City	State	Zip Code		Trans	act	ion ID :	PR4370	10521295	
	Salt Lake City	UT	84117-4639		Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С							50.0	00
						1	-		1 1 4	
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item			
	Buie Insurance Services Receipt For:	Brok								
	Primary General	Aggregate	Year-to-Date ▼	- 1 -	P/R Ded	ucti	on (\$50	.00 Montl	hlv)	
	Other (specify)		450.00						,	
в.	Full Name of Individual (Last, First, Middle Initi Gray, Michael, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 233 South 13th Street, Suite 16	50			M M	/	D I		YY	Y
	City	State	Zip Code		09	Ι.	30		2019	
	Lincoln	NE	68508-2036				-		16721295 his Period	
	FEC ID number of contributing									
	federal political committee.	С				-	-		100.0	00
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emc	Item			
	The Harry A. Koch Co Receipt For:	Brol								
	Primary General	Aggregate	Year-to-Date		D/P Dod	uctiv	on (\$10	0.00 Mon	thu	
	Other (specify) V		1175.00		-/R Deul	ucii	טו (סוט	0.00 1001	uny)	
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	ragnization Namo							
C.	Duhon, Keith, M., ,	ai) oi fuii O	Iganization Name		Date of	Re	eceipt			
	Mailing Address PO Box 80158				M	/			Y Y	Y
	City	State	Zip Code		09 Trans	act	30 ion ID -		2019 17121295	
	Lafayette	LA	70598-0158				-		nis Period	
	FEC ID number of contributing	C			<u> </u>					20
	federal political committee.	С			<u></u>	-	y	y	30.0	50
	Name of Employer (for Individual)	Оссі	upation (for Individual)		M	emo	tem			
	The Family Insurance Center, Inc.	Brok	er							
	Receipt For: Primary General	Aggregate	Year-to-Date V				a.a. (@QQ	00 Mart		
	Other (specify)		270.00	11.	P/R Dea	ucti	on (\$30	.00 Mont	niy)	
			4							
	· ·								180.0	10
s	UBTOTAL of Receipts This Page (optional)		······]		<u></u>	-	,		100.0	
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	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of s	sol		contribu	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle Initial) Kaczmarek, T. Darlene, , , Mailing Address 145 N. Chestnut St., Suite 202	or Full O	Drgar	nization Name		Date of	Re		D D	1	/ Y	Y Y	Y
	City Ravenna	State OH		Zip Code 44266-4009				-				2019 6321295 s Period	
	FEC ID number of contributing federal political committee.	С						-				31.	00
	Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brol	•	ion (for Individual)		Me	emo	o Ite	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ur-to-Date ▼ 279.00	P/	R Ded	uctio	on	(\$31.0	00	Month	ly)	
B.	Full Name of Individual (Last, First, Middle Initial) Blizman, Donna, J., ,	or Full O	Drgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 1939 Racimo Dr	State		Zip Code		м м 09	/	L	30	ľ	Y	2019	Y
	Sarasota	FL		34240-9426	A							1521295 s Period	
	FEC ID number of contributing federal political committee.	С						-				30.	00
	Name of Employer (for Individual) Employee Benefits Marketing Group	Occ Bro	•	tion (for Individual)		Me	emo	o Ite	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 270.00	P/	R Dedu	uctic	on ((\$30.0	00 1	Monthl	y)	
c.	Full Name of Individual (Last, First, Middle Initial) Moore, Wesley, P., ,	or Full O	Orgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address P O Box 604					09 ^M	/	Ľ	30	ľ	/ Y	2019	
	City Darlington	State SC		Zip Code 29540-0604								9421295 s Period	
	FEC ID number of contributing federal political committee.	С						1			J	30.	00
	Name of Employer (for Individual) Moore Insurance Agency, LLC	Occi Brok	•	ion (for Individual)		Me	emo	o Ite	em				
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ur-to-Date ▼ 270.00	P	'R Ded	uctio	on	(\$30.0	00	Month	ly)	
s	UBTOTAL of Receipts This Page (optional)			•				7			9	91.(00
Т	OTAL This Period (last page this line number only	/)						-		1	- y		

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		Detailed Summary Page	
or	for commercial purposes, other than using the n		person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Committee	
	Full Name of Individual (Last, First, Middle Initia Hayes, Leesa, Kay, ,) or Full Organization Name	Date of Receipt
	Mailing Address 812 Lyndon Lane Suite 101		09 30 Y Y Y Y Y 09 30 2019
	City Louisville	StateZip CodeKY40222-3844	Transaction ID : PR437043321295
		40222-3044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occupation (for Individual) Broker	Memo Item
	Dessint Far	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Ellingson, Susan, Katherine, ,) or Full Organization Name	Date of Receipt
	Mailing Address 4100 Victoria St		09 30 2019
	City	State Zip Code	Transaction ID : PR437048721295
	Minnetonka	MN 55345-1963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer (for Individual) Above & Beyond Benefits	Occupation (for Individual) Broker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Olson, Terri, M., ,) or Full Organization Name	Date of Receipt
	Mailing Address P. O. Box 21479		09 30 2019
	City	State Zip Code	Transaction ID : PR437070221295
	Keizer	OR 97307-1479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	65.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Olson Insurance	Broker	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	885.00	P/R Deduction (\$65.00 Monthly)
	Other (specify)		

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ny information copied from such Reports a r for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl Alberts, Suzetta, E., ,	le Initial) or Full O	rganization Name		Date of	Re	cei	pt			
Mailing Address 26555 Evergreen Drive Ste 535	Ctoto	Zin Code	[м м 09	/	L	30		2019	_
City Southfield	State MI	Zip Code 48076-4213	A						07612129 this Perio	
FEC ID number of contributing federal political committee.	C					- -			84	1.00
Name of Employer (for Individual) Comprehensive Benefits	Occi Broł	ipation (for Individual) er		Me	emo) Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 881.00	P/	R Ded	uctio	on ((\$84.)	00 Mor	nthly)	
Full Name of Individual (Last, First, Middl Smith, Kevin, W., ,		rganization Name		Date of	Re	cei	pt			
Mailing Address 2000 RiverEdge Parkway Suite 1010	/			м м 09	1		30	1	2019	Y
City Sandy Springs	State GA	Zip Code 30328-4657				-			07722129 this Perio	
FEC ID number of contributing federal political committee.	С					,			30	0.00
Name of Employer (for Individual) KSA Insurance Agency, LLC	Occi Brol	upation (for Individual) Ker		Me	emo) Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/I	R Dedi	uctic	on (\$30.0	00 Mon	ithly)	
Full Name of Individual (Last, First, Middl Douglas, Paul, L., ,	le Initial) or Full O	rganization Name		Date of	Re	cei	pt			
Mailing Address 100 Independence Place	e, Suite S-21			^M 09	/		30	/	2019	Y
City Tyler	State TX	Zip Code 75703-1310	Δ						08022129 this Perio	
FEC ID number of contributing federal political committee.	С				. 01	J		,		0.00
Name of Employer (for Individual) Douglas & Associates Insurance	Occu Brok	ipation (for Individual) er		M	emo	o Ite	əm			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/	R Ded	uctio	on	(\$30.	00 Mor	nthly)	
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		Detailed Summary Page		13		14		15		16	17
Any information copied from such Reports or for commercial purposes, other than usin								oliciting	g con	ntributi	ions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Koehler, Linda Rose, , ,	dle Initial) or Full C	rganization Name	[Date of	Re	eceipt	:				
Mailing Address 2 Treeble Ct				м м 09	/		д 30	/ Y	ý 20)19	Y
City Greensboro	State NC	Zip Code 27406-5375						R4370			
FEC ID number of contributing federal political committee.	С			_		- J -		-gr-		30.0	0
Name of Employer (for Individual) Self	Occ Brol	upation (for Individual) ker		Me	emo	lten	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P	′R Ded	uctio	on (\$	30.0	0 Montl	hly)		
Full Name of Individual (Last, First, Mide B. Stephens, James, R., ,	dle Initial) or Full C	rganization Name	[Date of	Re	eceipt	:				
Mailing Address 100 Mansell Ct East <u>Suite 400</u>				м м	/		р 30	/ Y	201	ү 19	Ŷ
City Roswell	State GA	Zip Code 30076-4859						R43711 ceipt th			
FEC ID number of contributing federal political committee.	С							-9	_	30.0	0
Name of Employer (for Individual) Humana	Occ Bro	upation (for Individual) ker		Me	emo) Item	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Dedi	uctio	on (\$3	30.00	0 Month	nly)		
Full Name of Individual (Last, First, Mide MCEVILLY, BRIAN, J., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt	:				
Mailing Address 7260 West Azure Drive #140-201		1		09	/		зо 30		201		Y
City Las Vegas	State NV	Zip Code 89130-7999						ceipt th			
FEC ID number of contributing federal political committee.	С					y		y	_	50.0	0
Name of Employer (for Individual) McEvilly Benefits	Occ Brok	upation (for Individual) er		M	emo	b Iten	n				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 660.00	P.	/R Ded	uctio	on (\$	50.0	0 Mont	hly)		
SUBTOTAL of Receipts This Page (option	' al)					9				110.0	0
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12									
				13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
<u> </u>	NAME OF COMMITTEE (In Full)	ne name and a	duress of any political committee										
	Health Underwriters Political A	Action Com	mittee										
A.	Full Name of Individual (Last, First, Middle Roberts, Joseph, K., ,	Initial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1128 Lincoln Mall Suite 200			09 30 2019									
	City Lincoln	State NE	Zip Code 68508-2878	Transaction ID : PR437118021295 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		170.00									
	Name of Employer (for Individual) UNICO	Occu Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00	P/R Deduction (\$170.00 Monthly)									
	Full Name of Individual (Last, First, Middle Benton, Bruce, D., ,	Initial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 17200 Ventura Blvd Suite 312			09 / D D / Y Y Y Y Y 2019									
	City Encino	State CA	Zip Code 91316-5018	Transaction ID : PR437123021295 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Genesis Financial & Insurance Services	Occu Brol	upation (for Individual) ser	Memo Item									
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date V 890.00	P/R Deduction (\$85.00 Monthly)									
	Full Name of Individual (Last, First, Middle Antongiovanni, Joanna, , ,	Initial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 2929 Allen Parkway Suite 2500			09 / 0 / Y Y Y Y Y 2019									
	City Houston	State TX	Zip Code 77019-2178	Transaction ID : PR437128021295 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		30.00									
	Name of Employer (for Individual) Marsh Wortham	Occu Brok	ipation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
		1		285.00									

Use separate schedule(s)

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	TEMIZED RECEIPTS			(check only one)									
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>						
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NAME OF COMMITTEE (In Full)	<u> </u>												
> Health Underwriters Political	I Action Com	mittee											
Full Name of Individual (Last, First, Midd Friedrich, Linda, K., ,	le Initial) or Full O	rganization Name	Date of	Receipt									
Mailing Address 1128 Lincoln Mall Suite 200			09	/ D D D 30	/ Y	2019	Y						
City Lincoln	State NE	Zip Code 68508-2878		of Each Red									
FEC ID number of contributing federal political committee.	С				-9-	50.0	00						
Name of Employer (for Individual) UNICO Group, Inc.	Occu Brok	upation (for Individual) ker	Me	mo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)										
Full Name of Individual (Last, First, Middl Malsh, Timothy, P., ,	-	rganization Name	Date of	Receipt									
Mailing Address 701 Oyster Catcher Drive		7. 0.1	09	/ D D 30	/ Y	2019	Y						
City Hampstead	State NC	Zip Code 28443-8340		9421295									
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period								
Name of Employer (for Individual) Advanced Insurance Systems	Occu Brol	upation (for Individual) ker	Me	mo Item									
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Midd Allard, Terry, , ,	le Initial) or Full O	rganization Name	Date of	Receipt									
Mailing Address 3000 A Street, Suite 400			09	/ D D 30	/ Y	2019	Y						
City Anchorage	State AK	Zip Code 99503-4040		of Each Red									
FEC ID number of contributing federal political committee.	С			,	y	250.0	00						
Name of Employer (for Individual) The Wilson Agency, LLC	Occu Brok	upation (for Individual) er	Me	mo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2300.00	P/R Dedu	iction (\$250.	00 Mon	thly)							
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\	AME OF COMMITTEE (In Full) lealth Underwriters Political Ac	tion Com	imi	ttee												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						Date of Receipt									
A Ducte, Date, , , Mailing Address 235 Highlandia Drive Suite 100 City State Zip Code							09 / 30 / 2019 Transaction ID : PR437184621295									
	aton Rouge	LA		70810-6056	4								is Perioc			
	EC ID number of contributing deral political committee.	С							1			-	42	_		
	ame of Employer (for Individual) ealth Plus Consulting Services	Occu Brok	•	ion (for Individual)			Me	emo	lte	əm						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 378.00] P/	/R [Dedu	uctio	on	(\$42	.00	Month	ıly)			
	ull Name of Individual (Last, First, Middle Init Debler, Johnnie, O., ,	ial) or Full O	rgar	nization Name		Date	e of	Re	cei	pt						
	Mailing Address 1102 E. Laurel St.					09 / D D / Y Y Y Y 09 2019										
	ity ockport	State TX		Zip Code 78382-2815	/				-				6421295 is Perioc			
	EC ID number of contributing deral political committee.	C					30.00							00		
	ame of Employer (for Individual) SM Insurors Group	Occu Broł	•	tion (for Individual)			Me	emo	lte	əm						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 270.00	P/	/R [edu	uctic	on ((\$30.	.00	Month	ly)			
C	ull Name of Individual (Last, First, Middle Init Bunkers, Scott, R., ,	ial) or Full O	rgar	nization Name		Dat	e of	Re	cei	pt						
	ailing Address 2211 Lee Road, Suite 100	1-		I		()9 ^M	/	L	30			2019 [°]			
	ity Vinter Park	State FL		Zip Code 32789-1849									672129			
	EC ID number of contributing deral political committee.	С					Junt		1 1			J	30			
	ame of Employer (for Individual) ringe Benefit Plans, Inc.	Occu Brok	•	ion (for Individual)			Me	emo) Ite	em						
R	eceipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 270.00	р, Р/	/R I	Ded	uctio	on	(\$30	.00) Month	nly)			
_	BTOTAL of Receipts This Page (optional)												102.	00		

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		Detailed Summary Page	13 14 15 16							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl Braden, Victoria, J., ,	Date of Receipt									
Mailing Address 3875 Johns Creek Parkw	-		09 30 / Y Y Y Y 2019							
City	State	Zip Code	Transaction ID : PR437201921295							
Suwanee	GA	30024-1294	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		150.00							
Name of Employer (for Individual) Braden Benefit Strategies, Inc										
Receipt For:		Year-to-Date V								
Primary General Other (specify) ▼	Aggregate	2050.00	P/R Deduction (\$150.00 Monthly)							
Full Name of Individual (Last, First, Middl B. Nace, Joshua, D., ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 100 W. Harrison Street, S		09 30 2019								
City	State	Zip Code	Transaction ID : PR437203321295							
Seattle	WA	98119-4116	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Dental Health Services	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middl C. Wilson, Lon, G., ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3000 A Street, Suite 400			09 30 2019							
City	State	Zip Code	Transaction ID : PR437204321295							
Anchorage	AK	99503-4040	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) The Wilson Agency, LLC	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)							
The Wilson Agency, LLC Receipt For: Primary General	Aggregate	Year-to-Date ▼ 765.00	-							

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the			soliciting	g contribu	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Bundy-Cobb, Jennifer, , ,	l) or Full O	rganization Name	Date of	of Re	ceipt							
	Mailing Address 3000 A Street, Suite 400			09 30 / Y Y Y Y Y 2019									
	City Anchorage	State AK	Zip Code 99503-4040					04421295 iis Period					
	FEC ID number of contributing federal political committee.	С				,		85.	00				
	Name of Employer (for Individual) The Wilson Agency, LLC	Occu Broł	upation (for Individual) ker		/lemo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Dee	ductio	on (\$85.0	00 Montl	nly)					
в.	Full Name of Individual (Last, First, Middle Initia Garbina, James, S., ,	l) or Full O	rganization Name	Date o	of Re	ceipt							
	Mailing Address 14010 FNB Pkwy Ste 300			09		30	/ Y	у у 2019	Y				
	City Omaha	State NE	Zip Code 68154-5235	Transaction ID : PR437212221295 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) The Harry A. Koch Co	Occi Brol	upation (for Individual) ker		/lemo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Dec	ductio	on (\$85.0	00 Month	nly)					
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of	of Re	ceipt							
	Mailing Address 39500 High Pointe Blvd., Suite 4			09		D D D 30	JL	2019					
	City Novi	State MI	Zip Code 48375-5517					18321295 iis Period					
	FEC ID number of contributing federal political committee.	С				9	- J	112.	00				
	Name of Employer (for Individual) Health Alliance Administrators	Occu Brok	upation (for Individual) ker		/lemo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1629.00	P/R De	ductio	on (\$112	2.00 Mor	ithly)					
s	UBTOTAL of Receipts This Page (optional)		•			,		282.	00				
т	OTAL This Period (last page this line number or	nly)	•			,	-						

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		Detailed Summary Page		13		14	15	- H	16	17					
Any information copied from such Reports and or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee													
Full Name of Individual (Last, First, Middle A . Daubert, Jim, , ,	Initial) or Full C	rganization Name		Date of Receipt											
Mailing Address P.O. Box 67220				м м 09	/	D 10 30		Y	ү ү 2019	Y					
City Lincoln	State NE	Zip Code 68506-7220	Transaction ID : PR437219621295 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		85.00												
Name of Employer (for Individual) Daubert and Butler Associates	Occ Brol	upation (for Individual) ker	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/	R Ded	uctio	on (\$85	.00 Mc	onthly	()						
Full Name of Individual (Last, First, Middle B. Musser, Rita, A., ,	Initial) or Full C	rganization Name	C	Date of	Re	ceipt									
Mailing Address 3330 Thames Drive			09 / 0 · 2019												
City Fort Wayne	State IN	Zip Code 46815-5994	Transaction ID : PR437229121295 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		30.00												
Name of Employer (for Individual) Senior Insurance Solutions	Occ Bro	upation (for Individual) ker		Me	emo	ltem									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Dedu	uctic	on (\$30	.00 Mc	onthly)						
Full Name of Individual (Last, First, Middle Gardner, Joy, K., ,	Initial) or Full C	rganization Name		Date of	Re	ceipt									
Mailing Address 9424 Double R Blvd	1			м м 09	1	30			y y 2019						
City Reno	State NV	Zip Code 89521-5977				ion ID : Each F				1					
FEC ID number of contributing federal political committee.	С					,			47.	00					
Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occ	upation (for Individual) er		Me	emo	tem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 573.00] P/	R Ded	uctio	on (\$47	.00 M	onthly	/)						
SUBTOTAL of Receipts This Page (optional)			. [162.	00					
TOTAL This Period (last page this line numb	per only)					, ,	,								

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171	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
111			for each category of the Detailed Summary Page	X 11a 11b 11c 12	7									
				13 14 15 16 berson for the purpose of soliciting contributions a to collect contributions from cuch committee	17 3									
	NAME OF COMMITTEE (In Full)	e name and a	duress of any political committee	e to solicit contributions from such committee.										
	Health Underwriters Political Ad	ction Com	mittee											
A.	Full Name of Individual (Last, First, Middle In Rowe, Peter, L., ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 3033 N. Central Ave Suite 810			M M / D D / Y										
	City Phoenix	State AZ	Zip Code 85012-2804	Transaction ID : PR437236921295 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		170.00										
	Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occu Brok	upation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1831.00	P/R Deduction (\$170.00 Monthly)										
в.	Full Name of Individual (Last, First, Middle In Barton-Lewis, Diane, L., ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address Arthur J Gallagher & Co 615 E. Britton Road			09 30 2019										
	City Oklahoma City	State OK	Zip Code 73114-7710	Transaction ID : PR437254121295										
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occu Brol	upation (for Individual) ser	Memo Item										
	Receipt For: Primary General Other (specify) ▼	_	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle In Merken, Monte, A., ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 24577 Indian Hill Lane			09 / D D / Y Y Y Y 09 30 2019										
	City West Hills	State CA	Zip Code 91307-3829	Transaction ID : PR437256121295 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Merken Insurance, Petersen Internation	Occu Brok	ipation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$30.00 Monthly)										

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			Detailed Summary Page	×	11a 13		11b 14		11c	12	47					
An or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any po ddress of any political committee	erson for the sol	or the	purp ntrib	oose o	of s	15 oliciting	16 contribu	l 17 tions ee.					
<u>\</u>	NAME OF COMMITTEE (In Full)															
\rangle	Health Underwriters Political Act	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Init McLane, Mark, A., ,	ial) or Full O	rganization Name	[Date of	Re	ceipt									
	Mailing Address 3301 Veterans Drive, Suite 21				м м 09	/	D 3		/ Y	ү ү 2019	Y					
	City Traverse City	State MI	Zip Code 49684-4575				-			58321295						
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 30.00													
	Name of Employer (for Individual) Mark McLane Insurance	Occu Broł	upation (for Individual) ter		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	/R Ded	uctio	on (\$3	0.0	0 Month	ıly)						
B.	Full Name of Individual (Last, First, Middle Init Powers-Booth, Sandra, Lee, ,	ial) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 4817 S. 175th Street				м м 09	1	D 3		/ Y	y y 2019	Y					
	City Seatac	State WA	Zip Code 98188-3710	Transaction ID : PR437264321295 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		42.00												
	Name of Employer (for Individual) Health Benefits Northwest	Occi Brol	upation (for Individual) ker		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/	R Dedu	uctic	on (\$4:	2.00) Month	nly)						
с.	Full Name of Individual (Last, First, Middle Init _Hardy, Allen, D., ,	ial) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 802 Kosciusko Road P.O. Box 89				м м 09	/	D 3	0	/ Y	2019						
	City Philadelphia	State MS	Zip Code 39350-3555							64921295 is Period						
	FEC ID number of contributing federal political committee.	С				01	J	T IC		30.	00					
	Name of Employer (for Individual) Philadelphia Security Insurance	Occu Brok	upation (for Individual) er		M	emo	Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P	/R Ded	uctio	on (\$3	0.0	0 Month	nly)						
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)	_													
> Health Underwriters Political A	Action Com	nittee												
Full Name of Individual (Last, First, Middle Harte, Heather, Roberts, ,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address 11365 Avant Lane			09 30 / Y Y Y Y 2019											
City	State	Zip Code	Transaction ID : PR437268321295											
Cincinnati	OH	45249-2373	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) HSA Bank	Occu Brok	pation (for Individual) er	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼	—											
Primary General Other (specify) ▼		270.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Middle . Toups, Jennifer, L., ,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address #1 Galleria Blvd, Suite 1122	2		09 30 2019											
City	State	Zip Code	Transaction ID : PR437270521295											
Metairie	LA	70001-2092	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Humana	Occu Brok	pation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)											
Full Name of Individual (Last, First, Middle . Hissong, James, H., ,	Initial) or Full Or	ganization Name	Date of Receipt											
Mailing Address 8401 Widmer Rd			09 30 2019											
City	State	Zip Code	Transaction ID : PR437274721295											
Lenexa	KS	66215-5416	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Self	Occu Agen	pation (for Individual) t	Memo Item											
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12					
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	Comm	nittee												
۹.	Full Name of Individual (Last, First, Middle Initial) o Summers, James, F., ,	r Full Org	anization Name	Da	ate of	Re	ceip	t							
	Mailing Address 8420 West Dodge Road, 5th Foor			_ L	09	/	L	30	/ Y	ү ү 2019	_				
		tate IE	Zip Code 68114-3443							3102129	-				
	FEC ID number of contributing federal political committee.	_		Ar	nount	OT	Eacr	1 Re	ceipt th	is Perio 125					
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occup Broke	ation (for Individual) r	10	Me	emo	lter	n							
	Receipt For: Agg Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 1125.00	P/R	R Dedu	uctio	on (\$	5125.	00 Mon	thly)					
3.	Full Name of Individual (Last, First, Middle Initial) o Grossnickle, Jeffrey, R., ,	r Full Org	anization Name	Da	ate of	Re	ceip	t							
	Mailing Address 1405 North College Avenue		_		м м 09	/		30	/ Y	y y 2019	Y				
		tate N	Zip Code 47404-2417	Transaction ID : PR437294721295 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	;		30.00											
	Name of Employer (for Individual) First Insurance Group Inc.	Occup Agent	ation (for Individual)	Memo Item											
	Receipt For: Agg Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 270.00	P/R	l Dedu	uctic	on (\$	30.0	0 Month	nly)					
).	Full Name of Individual (Last, First, Middle Initial) o Sullivan, T.J., , ,	r Full Org	anization Name	Da	ate of	Re	ceip	t							
	Mailing Address 1786 State Street				09	/		30	/ Y	y y 2019	Y				
	5	tate DR	Zip Code 97301-4341							1052129					
	FEC ID number of contributing federal political committee.			Ar	nount	ot	Each	ו Re	ceipt th	is Perio 30	.00				
	Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occup Broker	ation (for Individual)		Me	emo	Iter	n							
	Receipt For: Age Primary General Other (specify)	gregate Ye	ear-to-Date ▼ 270.00	P/F	R Dedu	uctio	on (\$	30.0	0 Montl	hly)					
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NAME OF COMMITTEE (In Full) Health Underwriters Political													
Full Name of Individual (Last, First, Middle A. Bell, Marie , D., ,	e Initial) or Full O	rganization Name	[Date of	f Re	eceip	ot						
Mailing Address 701 4th Ave S. #1500				м м 09	/	D	30	/ Y	Y Y 2019	Y			
City Minneapolis	State MN	Zip Code 55415-1637							23321295				
FEC ID number of contributing federal political committee.	С			Amoun	t ot	Eac	n Re	ceipt tr	nis Period 30.	_			
Name of Employer (for Individual) DeRuyter-Bell, LLC	Occu Brok	upation (for Individual) er		M	emo	lte	m						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P	/R Ded	uctio	on (\$30.0	0 Montl	hly)				
Full Name of Individual (Last, First, Middle Mihalyi-Stiffler, Patricia , , ,	e Initial) or Full O	rganization Name		Date of	f Re	eceip	ot						
Mailing Address 155 N. Riverview Drive				м м 09	/	D	30	/ Y	2019	Y			
City Anaheim	State CA	Zip Code 92808-1225				-			2 6121295 nis Period				
FEC ID number of contributing federal political committee.	С		85.00										
Name of Employer (for Individual) Options in Insurance	Occi Brol	upation (for Individual) ker		М	emo) Ite	m						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 804.00	P/	/R Ded	uctic	on (S	\$85.0	0 Month	nly)				
Full Name of Individual (Last, First, Middle C. Pittman, Susan, R., ,	e Initial) or Full O	rganization Name		Date of	f Re	ceip	ot						
Mailing Address 1010 South 336th Street Suite 305				^M 09	1	D	30	/ Y	2019	Y			
City Federal Way	State WA	Zip Code 98003-7355							4352129				
FEC ID number of contributing federal political committee.	С			Amoun	t of	Eac	n Re	ceipt tr	nis Period 50.	_			
Name of Employer (for Individual) Insure NW Inc.	Occu Brok	ipation (for Individual) er		М	emo	b Ite	m						
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 450.00	P	/R Ded	luctio	on (\$50.0	0 Mont	hly)				
					-				165.	00			

SCHEDULE A (FEC Form 3X) ____ _ _ _ _ . _

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
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			person for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Min Duvernay, Jack , , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 714 Millikens Bend			09 / D D / Y Y Y Y 09 30 2019										
City Covington	State LA	Zip Code 70433-4581	Transaction ID : PR437344521295 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer (for Individual) benefits.one	Occu Brok	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)										
Full Name of Individual (Last, First, Mi B. Bajkowski, Catherine, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 188 Industrial Drive, So	uite 226		09 30 2019										
City Elmhurst	State	Zip Code 60126-1610	Transaction ID : PR437361121295										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individual) CB Health Insurance	Occu Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)										
Full Name of Individual (Last, First, Mic. Block, David, M., ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address P O Box 1809			09 / D D / Y Y Y Y 09 30 2019										
City Candler	State NC	Zip Code 28715-1809	Transaction ID : PR437364421295 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Insurance Specialties, Inc.	Occu Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (optic	nal)		97.00										
TOTAL This Period (last page this line n	umber only)		•										

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		Detailed Summary Page	×	11a		11b		11c	12						
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or for commercial purposes, other than us															
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee													
Full Name of Individual (Last, First, Mid A. PAULUS, Raquel, E., ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt									
Mailing Address 1368 Business Park D	rive			м м 09] ′	D 3(/ Y	y y 2019	Y					
City Traverse City	State MI	Zip Code 49686-8640	A						7921295 is Period						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
Name of Employer (for Individual) Peterson McGregor & Associates	Occu Brok	upation (for Individual) ker		Me	əmo	ltem									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Dedu	uctio	on (\$3	0.00) Month	ıly)						
Full Name of Individual (Last, First, Mid B. Thomas, Jeffery, C., ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt									
Mailing Address 3072 Arborwood Blvd.				м м 09	/	D 30		/ Y	2019	Y					
City Spring Arbor	State MI	Zip Code 49283-9663	Transaction ID : PR437385421295 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		30.00												
Name of Employer (for Individual) Small Business Assocation of Michigan	Occu Brok	upation (for Individual) ker		Me	emo	ltem									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00] P/I	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Mid Cutting, Brenda, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt									
Mailing Address 4356 Bonney Road Suite 2-101	0	- Zie Oode		^M 09] /	3	0		2019						
City Virginia Beach	State VA	Zip Code 23452-1200				-			38321295 is Period						
FEC ID number of contributing federal political committee.	С					,		, ,	42.0	00					
Name of Employer (for Individual) Sterling Benefits, LLC	Occu Brok	upation (for Individual) er		Me	emo	tem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00] P/	'R Ded	uctio	on (\$4	2.00) Month	ıly)						
SUBTOTAL of Receipts This Page (optic	nal)		, [,		9	102.0	00					
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\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mitt	iee												
A	Full Name of Individual (Last, First, Middle Initia Jensen, Cerrina, , ,	l) or Full O	Organi	zation Name	[Date	of F	Rec	ceip	t						
_	Mailing Address 2520 Venture Oaks Way #240	State		Zip Code	_ [[™] 09		/	D	30		2	2019			
	Sacramento	CA	'	95833-4228									21295 Period			
	FEC ID number of contributing ederal political committee.	С							,				50.	_		
	Name of Employer (for Individual) CoreMark Insurance Services Inc	Occi Broł	•	on (for Individual)			Men	no	lter	n						
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 650.00	P/	'n De	educ	ctio	on (\$	\$50.0)0 Mor	ithly)				
	Full Name of Individual (Last, First, Middle Initia Bogard, Andrea, J., ,	l) or Full O	Organi	zation Name		Date	of F	Rec	ceip	ot						
-	Mailing Address 100 W. Court Ave. Suite 207					[™] 09	M 9	/	D	30] ′ [019	Y		
	Dity Jeffersonville	State IN		Zip Code 47130-3502	Transaction ID : PR437400021295 Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С			Memo Item											
A	Name of Employer (for Individual) A. Bogard Insurance Group	Occ Bro	•	on (for Individual)												
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 240.00	P/	R De	educ	ctio	n (\$	30.0	0 Mon	thly)				
С.	Full Name of Individual (Last, First, Middle Initia Cramer, Valerie, Lynn, ,	l) or Full O	Organi	zation Name		Date	of F	Rec	ceip	t						
_	Mailing Address 588 - 3 Mile Road, NW Suite 101	State		Zin Codo		[™] 09	_	/	D	30		2	019			
	City Grand Rapids	MI	· · ·	Zip Code 49544-8221		-			-			-	21295 Period			
	FEC ID number of contributing ederal political committee.	С							J	_			100.			
-	Name of Employer (for Individual)	Occi Brok	•	on (for Individual)			Mer	no	ltei	m						
ł	Receipt For: Primary General Other (specify)	Aggregate	Year	•to-Date ▼ 950.00	P/	′R D	eduo	ctio	on (\$	\$100	.00 Mc	onthly	<i>v</i>)			
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or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and ad	ay no Iddres	t be sold or used by any pe as of any political committee	erson to sc	fo	r the	pur ntrik	rpc	ose	of : s fr	solic	citing	con	tribut	ions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	mitt	ee												
Α.	Full Name of Individual (Last, First, Middle Initial) Gandy, Hollie, , ,) or Full Or	Irgani	zation Name		Da	ate o	f Re	ece	eipt	:					
	Mailing Address 2920 Duniven Circle, #2	Ototo		7:n Oada	_	L	09			:	30	/	Y	20	1	Y
	City Amarillo	State TX	· · ·	Zip Code 79109-1650	-								3742			
	FEC ID number of contributing federal political committee.	C				Ar	noun	t of	E	acr	1 He	ecei	pt this	s Pe	30.0	00
	Name of Employer (for Individual) Senior Solutions Group	Occu Brok		on (for Individual)		[Μ	emo	οI	lten	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 270.00	F	P/F	R Dec	lucti	ior	า (\$	30.0	00 N	/lonthl	y)		
	Full Name of Individual (Last, First, Middle Initial) Clark, Robert, S., ,) or Full Or	rgani	zation Name		Da	ate o	f Re	ece	eipt	:					
	Mailing Address 7548 Preston Road	1-				[м м 09	/			о 30	/	Y	ү 201	ү 19	Y
	City Frisco	State TX		Zip Code 75034-5683	Transaction ID : PR437427221295 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			42.00 Memo Item											
	Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occu Brok	•	on (for Individual)												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)											
	Full Name of Individual (Last, First, Middle Initial) Carlson, Daryl, , ,) or Full Or	Irgani	zation Name		Da	ate o	f Re	ece	eipt						
	Mailing Address 200 W Vine Street Ste 300					L	09		′		30	1	L	201	- 11	Y
	City Lexington	State KY		Zip Code 40507-1620									13744			
	FEC ID number of contributing federal political committee.	C				Ar	noun	t of	E	acr	n He	ecei	pt this	s Pe	15.0	0
	Name of Employer (for Individual) BB&T Insurance Services, Inc.	Occu Brok	•	on (for Individual)		ļ	N	lemo	0	Iten	n					
	Pagaint For:	Aggregate		to-Date ▼ 285.00	F	P/F	R Dec	lucti	ior	n (\$	15.0	00 N	<i>l</i> onth	ly)		
S	JBTOTAL of Receipts This Page (optional)								,				,		87.0	0
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	y information copied from such Reports and Sta						rpc										
or	for commercial purposes, other than using the	name and a	ddre	ess of any political committee	e to so	licit co	ontrib	but	tions fr	om suo	ch coi	mmitte	e.				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	imi	ttee													
A.	Full Name of Individual (Last, First, Middle Initia Mutter, Amy, D., ,	al) or Full O	rgar	nization Name		Date c	of Re	ec	eipt								
	Mailing Address 2670 Electric Road					^M 09	/	/	о 30	/)19	Y				
	City	State		Zip Code		Tran	sact	tio	on ID : F	PR4374	5492	1295					
	Roanoke	VA		24018-3511	'	Amour	nt of	E	Each Re	eceipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						-,				63.0	0				
	Name of Employer (for Individual) Innovative Insurance Group, LLC	Occi Broł	•	ion (for Individual)		N	lemo	o I	Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	533.00	P	/R Deo	ducti	ior	n (\$63.0	0 Mon	thly)						
B.	Full Name of Individual (Last, First, Middle Initia Smith, David, C., ,	al) or Full O	rgar	nization Name		Date c	of Re	ec	eipt								
	Mailing Address 110 N. Corcoran St. #1205					M 09	/	'	D D D 30	/	20	19 19	Y				
	City	State		Zip Code		Trans	sact	io	n ID : F	PR4374	7452	1295					
	Durham	NC		27701-5020	Transaction ID : PR437474521295 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			170.00												
	Name of Employer (for Individual) Ebenconcepts Company	Occi Brol	•	tion (for Individual)		N	lemo	o I	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 1580.00	P	/R Dec	lucti	ion	ח (\$170	.00 Moi	nthly)						
с.	Full Name of Individual (Last, First, Middle Initia Creasy, Marcus, , ,	al) or Full O	rgar	nization Name		Date c	of Re	ec	eipt								
	Mailing Address P. O. Box 220					M 09	/	′	D D 30			19 [°]	Y				
	City	State		Zip Code					on ID : I								
	Heber Springs	AR		72543-0220		Amour	nt of	E	ach Re	eceipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						,		,		30.0	0				
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	_	N	lemo	0	Item								
	Adams & Creasy Insurance Agency, Inc.	Brok	•	、													
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify)		-	270.00	P	P/R De	ducti	ior	n (\$30.0	00 Mon	thly)						
s	UBTOTAL of Receipts This Page (optional)			••••••				,		. ,		263.0	0				
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee			
Full Name of Individual (Last, First, Middle Fiala, Colby, , ,	e Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 195 River Vista Place Sui	te #206		09 30 / Y Y Y Y		
City Twin Falls					
FEC ID number of contributing federal political committee.	ů l				
Name of Employer (for Individual) Magic Valley Insurance	Memo Item				
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Middle B. Miller, Dawn, M., ,	e Initial) or Full C	organization Name	Date of Receipt		
Mailing Address PO Box 847	09 30 / Y Y Y Y 2019				
City McMinnville	State Zip Code Iinnville OR 97128-0847				
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Hagan Hamilton Insurance	Occ Bro	upation (for Individual) ker	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)		
Full Name of Individual (Last, First, Middle C. Stedt, Margaret, Evelyn, ,	e Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 486 Calle Amigo			09 / D D / Y Y Y Y 09 30 2019		
City San Clemente	State CA	Zip Code 92673-3003	Transaction ID : PR437529921295 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer (for Individual) Stedt Insurance Services	Occ Brok	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 945.00	P/R Deduction (\$100.00 Monthly)		
SUBTOTAL of Receipts This Page (optional)		155.00		
TOTAL This Period (last page this line numl	ber only)				

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		Detailed Summary Page		13		14		15	\vdash	16	17						
Any information copied from such Reports or for commercial purposes, other than usin								oliciting		ntribut	ions						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee															
Full Name of Individual (Last, First, Mide A. Swanson, Cynthia, , ,	dle Initial) or Full C	rganization Name	[Date of Receipt													
Mailing Address 501 Shelley Drive				м м 09	1		30	/ Y) 019	Y						
City Tyler	State TX	Zip Code 75701-9540	-					R43754 ceipt th									
FEC ID number of contributing federal political committee.	C			_		- 7 -		- -y-	_	42.0	0						
Name of Employer (for Individual) Hibbs Hallmark & Company	Occ Brol	upation (for Individual) ker		Me	emo	b Iten	n										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/	/R Ded	uctio	on (\$	42.0	0 Montl	hly)								
Full Name of Individual (Last, First, Mide B. Giardina, Charles, J., ,		rganization Name	(Date of	Re	eceipt											
Mailing Address 5440 Mounes Street, Su	iite 112		09 / D D / Y Y Y Y 2019														
City New Orleans								Transaction ID : PR437562821295 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			42.00													
Name of Employer (for Individual) MassMutual	Occ Bro	upation (for Individual) ker		Me	emo	b Iten	n										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/	R Dedi	uctio	on (\$₄	42.00	0 Month	nly)								
Full Name of Individual (Last, First, Mide C. Mobley, Dennis, F., ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt	:										
Mailing Address 137 Executive Drive Suite D				м м 09	/		30 ^D		20)19 [°]	Y						
City Madison	State MS	Zip Code 39110-8456						R4375									
FEC ID number of contributing federal political committee.	C					y		y	_	50.0	0						
Name of Employer (for Individual) Mobley Insurance Agency, LLC, a Divisi	Mobley Insurance Agency, LLC, a Divisi Broker																
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P.	/R Ded	uctio	on (\$	50.0	0 Mont	hly)								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac							_				_				
A.	Full Name of Individual (Last, First, Middle Ini Waller, Doris, , ,	itial) or Full O	Drgan	ization Name	Date of Receipt											
	Mailing Address 1778 N. Plano Rd. Suite 310	State		Zin Codo	09 30 2019 Transaction ID - PB437504521205											
	City Richardson	Zip Code 75081-1958	Transaction ID : PR437591521295 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.					-y		-		85.0	0					
	Name of Employer (for Individual) Pan-American Life Insurance Group	ion (for Individual)		Me	emo	ltem	ı									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 636.00	P/	R Ded	uctio	on (\$8	85.0	0 Month	nly)					
В.	Full Name of Individual (Last, First, Middle Ini Robinson, Judith, L., ,	tial) or Full O	Drgan	ization Name		Date of	Re	eceipt								
	Mailing Address P O Box 10071	09 / 0 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
	City Tyler	State TX		Zip Code 75711-0071						R43759 ceipt th						
	FEC ID number of contributing federal political committee.	С				85.00										
	Name of Employer (for Individual) CFG Insurance	Occ Bro		ion (for Individual)	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 765.00	P/	P/R Deduction (\$85.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Ini Starks, Eugene, , ,	tial) or Full O	Drgan	ization Name		Date of	Re	eceipt								
	Mailing Address 613 Crescent Circle Suite 201			7.0.1		м м 09	/		30 ^D	/ Y	201	- 1 C	Y			
	City Ridgeland	State MS		Zip Code 39157-8686	A					R43760 ceipt th						
	FEC ID number of contributing federal political committee.	С						y		9		85.0	0			
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occi Brok		Me	emo	o Item	า									
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 890.00	P/	'R Ded	uctio	on (\$	85.0	0 Month	nly)					
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			Detailed Summary Page	×	11a 13] 11 14		11c		12	<i>4 →</i>						
	y information copied from such Reports and Stateme for commercial purposes, other than using the name				or the		pos	se of s		ng cont								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action (
A.	Full Name of Individual (Last, First, Middle Initial) or Williams, George, , , Mailing Address 4109 Woodway Dr.	Full Org	anization Name		Date of	Re	_	ipt		YY	Y	Ý						
	City Sta Monroe LA		Zip Code 71201-2218	09 30 2019 Transaction ID : PR437605721295 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.						1				30.00	0						
	Name of Employer (for Individual) Financial Planning Resources	Occup Broke	ation (for Individual) r		Me	emo	o Ite	em										
	Receipt For: Aggr Primary General Other (specify) ▼	egate Ye	ear-to-Date ▼ 270.00	P/	R Ded	uctio	on	(\$30.0	0 Mon	thly)								
B.	Full Name of Individual (Last, First, Middle Initial) or Israel, Steven, , ,	Full Org	anization Name		Date of	Re	ecei	ipt										
	Mailing Address 12281 Wedge Way	09 / 30 / 2019 Transaction ID : PR437654421295																
	City Sta Boynton Beach FL		Zip Code 33437-2059	A			-			5 54421 this Pe								
	FEC ID number of contributing federal political committee.	er of contributing							42.00									
	Name of Employer (for Individual) S. Florida Affiliated Health Insurers,	Occup Broke	ation (for Individual) r		Me	emo	o Ite	em										
	Receipt For: Aggr Primary General Other (specify) ▼	regate Ye	ear-to-Date ▼ 378.00	P/	R Dedı	uctic	on ((\$42.0	0 Mon	thly)								
c.	Full Name of Individual (Last, First, Middle Initial) or Siciliano, Dominic, , ,	Full Org	anization Name		Date of	Re	ecei	ipt										
	Mailing Address 500 Cascade Road SE Suite 106				09	/	L	30		201		Y						
	City Sta Grand Rapids M		Zip Code 49546-2166	A						669521 this Pe								
	FEC ID number of contributing federal political committee.				_		,		,		30.00	0						
	Name of Employer (for Individual) Benefit Profiles, Inc.	Occup Broker	ation (for Individual)		Me	emo	o Ite	em										
	Receipt For: Aggr Primary General Other (specify)	egate Ye	ear-to-Date ▼ 270.00	P/	'R Ded	uctio	on	(\$30.0)0 Mor	ithly)								
s	UBTOTAL of Receipts This Page (optional)		••••••				,			1	102.00)						
т	OTAL This Period (last page this line number only)						_				- 10							

Use separate schedule(s)

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TEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	cal Action Committe	ee	
Full Name of Individual (Last, First, M A. Strouse, Marcie, , ,	iddle Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 9854 Colby Ave			09 / D D / Y Y Y Y 30 2019
City Clive	State Z	ip Code 50325-6422	Transaction ID : PR437683121295
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00
Name of Employer (for Individual) KHI Solutions	Occupation Broker	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, M B. Atkinson, Lynn, , ,	iddle Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 3800 Electric Road, #	406		M M / D D / Y Y Y Y 09 30 2019
City Roanoke		ip Code 24018-4568	Transaction ID : PR437687321295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Humana	Occupation Broker	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, M C. Granado, Arthur, , ,	iddle Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 418 Peoples, # 505			09 / D D / Y Y Y Y 09 30 2019
City Comus Christi		ip Code	Transaction ID : PR437693221295
Corpus Christi FEC ID number of contributing federal political committee.	C	78401-2350	Amount of Each Receipt this Period 85.00
Name of Employer (for Individual)	· · ·	n (for Individual)	Memo Item
The Granado Group Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)
SUBTOTAL of Receipts This Page (opti	onal)		200.00
TOTAL This Period (last page this line	number only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
IIEWIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee	
Full Name of Individual (Last, First, M A. Webb, Yolanda, Marie, ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6117 Clover Ct.			09 / Y Y Y Y 09 30 2019
City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705621295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Webb Insurance Solutions	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)
Full Name of Individual (Last, First, M B. Kirsch, Cara, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 720 Grenoble Drive	09 30 / Y Y Y Y 2019		
City Bellevue	State NE	Transaction ID : PR437731121295 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	68123-4158	85.00
Name of Employer (for Individual) Silver Stone Group		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, M C. Berry, Ernest, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5121 69th St., A9A			09 / D D / Y Y Y Y 09 30 2019
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737421295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Berry Agency	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$50.00 Monthly)	
SUBTOTAL of Receipts This Page (opt	ional)		160.00
TOTAL This Period (last page this line	number only)		

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Any information copied from such Reports and	Statements ma	av not be sold or used by any p	erson fo	13 or the	purr	14 Dose o	f so	15 olicitina	16 contribut	17 ions	
or for commercial purposes, other than using th	ie name and a	ddress of any political committee	e to soli	icit cor	ntrib	utions	fro	m such	committe	e.	
Health Underwriters Political A	ction Com	mittee									
Full Name of Individual (Last, First, Middle Ir A. Conto, Teresa, , ,	nitial) or Full O	rganization Name	Г	Date of	Ro	coint					
Mailing Address 15800 Crabbs Branch Way #	±350				110	D	D		YYY	V	
maning manager 10000 chabbs blanch way i	1000			09		30		/ 1	2019		
City	State	Zip Code		Trans	acti	on ID	: PI	R43774	0821295		
Rockville	MD	20855-2697	A	mount	of	Each I	Rec	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С							-y=-	30.0	00	
Name of Employer (for Individual) Gallagher Benefit Services											
Receipt For:		Year-to-Date ▼	_								
Primary General	Ayyreyale		P/	R Dedu	uctio	on (\$30).00) Month	nly)		
Other (specify) ▼		270.00									
Full Name of Individual (Last, First, Middle Ir B. Williams, Leslie, A., ,	nitial) or Full O	rganization Name		ate of	Re	ceipt					
Mailing Address 2295 Hilltop Drive Suite 5	09 / D D / Y Y Y Y 2019										
City	State	Zip Code		Trans	acti	on ID :	P	R43774	2921295		
Redding	CA	96002-0515	A	mount	of	Each I	Rec	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С							41-	42.0	00	
			- ī	M		Item					
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occ Bro	upation (for Individual) ker		IVIE	IIIO	item					
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		270.00	P/I	R Dedu	uctic	on (\$42	2.00) Month	ıly)		
Other (specify) V		378.00									
Full Name of Individual (Last, First, Middle Ir c. Edwards, Susan, Christensen, ,	nitial) or Full O	rganization Name	Г	Date of	Re	ceint					
Mailing Address 40 S. Roop St.				M M M	/	D 30		/ Y	2019	Y	
City	State	Zip Code			acti	lands.	_	R43775	55521295		
Susanville	CA	96130-4336	A						is Period		
FEC ID number of contributing federal political committee.	С					,		,	50.0	00	
Name of Employer (for Individual)	Occi	upation (for Individual)	- 1	Me	emo	Item					
E. Christensen Insurance Agency, Inc.	Brok	er									
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		450.00	P/	R Ded	uctio	on (\$50	0.00	0 Month	ıly)		
Other (specify)		450.00									
SUBTOTAL of Receipts This Page (optional)			. [,	1	,	122.0	0	
TOTAL This Period (last page this line number	r only)	······ •	Ī			н н т. 1		T			

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ITE			Use separate schedule(s)	(check o	nly o	ne)			
116	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	_
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the r	tements ma	y not be sold or used by any p ddress of any political committee	erson for the to solicit of	e pur	14 pose of putions fr	15 soliciting rom such	16 contribut n committe	17 ions ee.
\	AME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee						
	ull Name of Individual (Last, First, Middle Initia Cade, Kareim, R., ,	ll) or Full O	rganization Name	Date	of Re	eceipt			
N	lailing Address 28411 Northwestern Hwy., Ste 9		M 09		D D 30	/ Y	2019	Y	
	ity Southfield	Zip Code 48034-5515					78621295 is Period		
	EC ID number of contributing aderal political committee.					85.0	00		
G	ame of Employer (for Individual) Great Lakes Benefit Group	Occu Brok	upation (for Individual) er		Memo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R De	əducti	ion (\$85.0	00 Month	nly)	
	ull Name of Individual (Last, First, Middle Initia Heider, Ryan, , ,	ll) or Full Oi	rganization Name	Date	of Re	eceipt			
_	lailing Address 195 River Vista Place Suite #20	09		D D 30	/ Y	2019	Y		
	ity ⁻win Falls	State ID	Zip Code 83301-3189					2221295	
F	EC ID number of contributing ederal political committee.	С					eceipt in	is Period 30.0	00
	lame of Employer (for Individual) lagic Valley Ins.	Occu Brok	upation (for Individual) ker		Memo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R De	∋ducti	on (\$30.0	00 Month	ıly)	
С	ull Name of Individual (Last, First, Middle Initia Schell, Gregory, J., ,	ll) or Full Oi	rganization Name	Date	of Re	eceipt			
_	lailing Address 545 South Third Street Suite 300	State	Zip Code	09	Э	30		2019	Y
	Louisville	KY	40202-1936					97621295 is Period	
	EC ID number of contributing deral political committee.	С				y .	· ·	85.0	00
S	ame of Employer (for Individual) terling Thompson Company	ipation (for Individual) er		Memo	o Item				
н	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R D	educti	ion (\$85.)	00 Month	nly)	
SU	BTOTAL of Receipts This Page (optional)					,		200.0	0
то	TAL This Period (last page this line number or	וy)	••••••			4	-		

SCHEDULE A (FEC Form 3X) __ ___

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	_					
> Health Underwriters Political	Action Com	mittee				
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name				
A. Purcilly, Amy, , ,			Date of Receipt			
Mailing Address PO Box 7028						
City	State MI	Zip Code 48007-7028	Transaction ID : PR437814921295			
Troy	IVII	46007-7026	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Mason-McBride, Inc.	Brol	ker				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General			P/R Deduction (\$30.00 Monthly)			
Other (specify) v		470.00				
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name				
B. Taggart, Liz, , , Mailing Address 7134 Brunswick Circle			Date of Receipt			
Maning Address 7134 Brunswick Circle			09 30 2019			
City	State	Zip Code	Transaction ID : PR437825121295			
Boynton Beach	FL	33472-2534	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual) United Healthcare Medicare Solutions	Occ Bro	upation (for Individual) ker	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General	, iggi oguto		P/R Deduction (\$30.00 Monthly)			
Other (specify) v		270.00				
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name	Data of Data in			
C. Daricek, Natalie, , ,			Date of Receipt			
Mailing Address 2444 W Las Palmaritas D	r		09 30 2019			
City	State	Zip Code	Transaction ID : PR437834921295			
Phoenix	AZ	85021-4860	Amount of Each Receipt this Period			
FEC ID number of contributing	0					
federal political committee.	C		30.00			
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)					
Blue Cross Blue Shield of AZ	Acco	ount Executive				
Receipt For:	Aggregate	Year-to-Date V				
Primary General		294.00	P/R Deduction (\$30.00 Monthly)			
Other (specify)		7	1			
SUBTOTAL of Receipts This Page (optional)		90.00			
TOTAL This Period (last page this line num	ber only)					

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				Detailed Summary Page	×	11a		11	b		11c	12	_
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or	y information copied from such Reports and Sta for commercial purposes, other than using the												
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	imi	ttee									
	Full Name of Individual (Last, First, Middle Initia Hediger, Debbie, R., ,	al) or Full O	rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 4830 W Kennedy Blvd Ste 850					м м 09	1	Ľ	30)	/ Y	ү ү 2019	Ŷ
	City Tampa	State FL		Zip Code 33609-2593				-				2421295 s Period	
	FEC ID number of contributing federal political committee.	С	_					,			-7	50.	00
	Name of Employer (for Individual) HUB International Limited	Occi Broł	•	ion (for Individual)		М	emo	o Ite	em				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 402.00] P	/R Ded	luctio	on	(\$50.	.00	Month	ly)	
	Full Name of Individual (Last, First, Middle Initia Little, Cathy, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 1145 2nd Street #A-269					м м 09	/	Г	30)	/ Y	y y 2019	Ŷ
	City Brentwood	State CA		Zip Code 94513-2292				-				5621295 s Period	
	FEC ID number of contributing federal political committee.	С	_			_:		,			-gr.	38.	00
	Name of Employer (for Individual) Essential Exchange Insurance Services	Occi Brol	•	ion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 344.00] P,	/R Ded	uctio	on ((\$38.	00	Month	ly)	
	Full Name of Individual (Last, First, Middle Initia Emidy, Mike, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address P O Box 2021					^M 09	1	E	30		/ Y	2019 [°]	Y
	City Ridgeland	State MS		Zip Code 39158-2021								8321295 s Period	
	FEC ID number of contributing federal political committee.	C	_					<u>y</u>			y	30.	00
	Name of Employer (for Individual) Colonial Life	Occu Brok	•	ion (for Individual)		M	emc	o Ite	em				
Ì	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 270.00] P	/R Dec	lucti	on	(\$30	.00	Month	ly)	
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	MIZED RECEIPTS		Use separate schedule(s)	(chec	K UII							
			for each category of the Detailed Summary Page	×			11b		11c	12		1
	r information copied from such Reports and s or commercial purposes, other than using th			erson fo								17 ;
<u> </u>	VAME OF COMMITTEE (In Full)		duress of any political committee				JULIONE		II SUCI	I COMINI	liee.	
	Health Underwriters Political A	ction Com	mittee									
A	Full Name of Individual (Last, First, Middle In McDonald, Jesse, D., ,	itial) or Full O	rganization Name	Da	ate of	Re	eceipt					
-	Mailing Address 111 River St #7				09	/	D 3	0	/ Y	ү ү 2019	Y	
	Dity Milford	State CT	Zip Code 06460-3326				-			3792129 is Period	-	
	EC ID number of contributing ederal political committee.					- j -		-y	30	.00		
I	Name of Employer (for Individual) Modern Insurance	Occı Brok	ipation (for Individual) er		M	emo) Item					
F	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00						on (\$3	80.00	Month	ıly)		
	Full Name of Individual (Last, First, Middle In Blanchard, Brian, G, ,	itial) or Full O	rganization Name	Da	ate of	Re	eceipt					
-	Mailing Address 225 S 6th Ste 2900				09	1	3	D 80	/ Y	ү ү 2019	Y	
	City Minneapolis	State MN	Zip Code 55402-4609				-			002129	-	
F	FEC ID number of contributing ederal political committee.	С			nouni	OT	Each	Rec	eipt th	is Perioo 25	.00	
	Name of Employer (for Individual) Northwestern Mutual		upation (for Individual) ncial Representative	- [M	emc) Item					
Ī	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	P/R	Ded	uctio	on (\$2	5.00	Month	ıly)		
	Full Name of Individual (Last, First, Middle In Atencio, Linda, K., ,	itial) or Full O	rganization Name	Da	ate of	Re	eceipt					
-	Mailing Address PO Box 87021	1			09 ^M	/	3	D 80	/ Y	2019	Y	
	City Phoenix	State AZ	Zip Code 85080-7021							5692129 is Period		
	FEC ID number of contributing ederal political committee.	С					y		y	30	.00	
	Name of Employer (for Individual) Arcwood Consulting		M	emo	b Item	I						
ł	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 770.00	P/F	R Ded	ucti	on (\$3	30.00	Montl	nly)		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page			
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee			
Full Name of Individual (Last, First, Middle A. Waltman, Jessica, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 10 Doyle Road			M M / D D / Y Y Y Y 09 30 2019		
City Wayne	State PA	Zip Code 19087-3903	Transaction ID : PR470100121295 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		85.00		
Name of Employer (for Individual) Forward Health Consulting	upation (for Individual) cipal	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	P/R Deduction (\$85.00 Monthly)		
Full Name of Individual (Last, First, Middle Riley, Amanda, Danielle, , Mailing Address 22706 SE 279th ST.	e Initial) or Full O	rganization Name	Date of Receipt		
City	State	Zip Code	09 / 30 / 2019		
Maple Valley	WA	98038-5112	Transaction ID : PR476686821295 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) jional Sales Director	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)		
Full Name of Individual (Last, First, Middle C. Wakamoto-Lee, Sue, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 6386 Sussex Ct			09 / D D / Y Y Y Y 09 30 2019		
City Dublin	State CA	Zip Code 94568-7443	Transaction ID : PR476908121295 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		42.00		
Name of Employer (for Individual) Ava Science Inc.	Ava Science Inc. Producer/ Consultant				
Primary General Other (specify)	Primary General Aggregate real-to-Date V				
SUBTOTAL of Receipts This Page (optional	,		157.00		

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	and Otate			13	<u> </u>	14		15	16	17									
Any information copied from such Reports or for commercial purposes, other than us																			
NAME OF COMMITTEE (In Full)																			
angle Health Underwriters Politica	al Action Com	mittee																	
Full Name of Individual (Last, First, Mic A. Stevens, Kenneth, W., ,	dle Initial) or Full C	organization Name	[Date of	Re	eceip	ot												
Mailing Address 4916 Bellemeade Ave				м м 09	/	D	30	/ Y	2019	Y									
City	State	Zip Code		Trans	acti	ion l	ID : F	PR49632	3821295										
Evansville	IN	47715-4130	/	mount	of	Eac	h Re	ceipt th	is Period										
FEC ID number of contributing federal political committee.	C			_	_	-		- 19-	85.0										
Name of Employer (for Individual) Stevens Insurance Advisors		upation (for Individual) ependent Agent & Broker	Memo Item																
Receipt For:		Year-to-Date ▼																	
Primary General Other (specify) ▼		765.00	P/	'R Ded	ucti	on (S	\$85.0	0 Month	nly)										
Full Name of Individual (Last, First, Mic B. Wayt, Andrew, , ,	dle Initial) or Full C	organization Name	[Date of	Re	eceip	ot												
Mailing Address 199 Coon Rapids Blvd,	Mailing Address 199 Coon Rapids Blvd, Ste 314							09 / D D / Y Y Y Y 2019											
City	State	Zip Code				-			7221295										
Coon Rapids	MN	55433-5861	A	Amount	of	Eac	h Re	ceipt thi	is Period										
FEC ID number of contributing federal political committee.	C		30.00																
Name of Employer (for Individual) IFC National Marketing, Inc.		upation (for Individual) ducer Consultant		Me	emc	b Ite	m												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Dedı	uctio	on (\$	\$30.0	0 Month	ly)										
Full Name of Individual (Last, First, Mic C. Haney, Denise, , ,	dle Initial) or Full C	organization Name	[Date of	Re	eceip	ot												
Mailing Address 2302 International Lane	9			м м 09	1	D	30	/ Y	2019	Y									
City	State	Zip Code							0321295										
Madison	WI	53704-3136	/	Amount	of	Eac	h Re	ceipt th	is Period										
FEC ID number of contributing federal political committee.	C			_	_	<u>y</u>	_	 y	12.(00									
Name of Employer (for Individual) TASC		upation (for Individual) ional Sales Director		M	emo	o Ite	m												
Receipt For:	1	Year-to-Date ▼																	
Other (specify)		258.00	P,	/R Ded	ucti	on (S	\$12.0	0 Month	nly)										
SUBTOTAL of Receipts This Page (option	' nal)		.			7			127.0	00									
TOTAL This Period (last page this line nu	umber only)					_		- 7-	4										

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c		12						
				13		14		15		16	17					
Any information copied from such Reports or for commercial purposes, other than u																
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee														
Full Name of Individual (Last, First, Mi A. PARKER, Laura, R., ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt	t									
Mailing Address 12303 Hwy 707 Suite B				^M 09	/		30	/ Y		19	Y					
City Murrells Inlet	State SC	Zip Code 29576-9740						R7426								
FEC ID number of contributing federal political committee.	С			Amount	OT	Eacr	1 Re	ceipt th	IS P	eriod 30.0	0					
Name of Employer (for Individual) Hibbits Insurance Inc	Occ CFC	upation (for Individual))	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P	/R Ded	uctio	on (\$	30.0	0 Montł	nly)							
Full Name of Individual (Last, First, Mi B. Nichols, Thomas, L., ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt	t									
Mailing Address 2888 Shadowlake Dr		09 30 2019														
City Oklahoma City	State OK	Zip Code 73159		Transaction ID : PR840269921295 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C			85.00												
Name of Employer (for Individual) Colonial Life		upation (for Individual) rict General Manager		Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P	P/R Deduction (\$85.00 Monthly)												
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt	t									
Mailing Address				M M	/	D	D	/ Y	Y	Y	Y					
City	State	Zip Code		Amount	of	Each	n Re	ceipt th	is P	eriod						
FEC ID number of contributing federal political committee.	С					y		,								
Name of Employer (for Individual)	ne of Employer (for Individual) Occupation (for Individual)					b Iten	n									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]													
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SCHEDULE B (FE	Use sep	Use separate schedule(s)				E NUMBER: PAGE 171 OF 184															
ITEMIZED DISBURS		for each	category of the Summary Page		X	21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$														
Any information copied from s or for commercial purposes, c	other than using the																				
NAME OF COMMITTEE (II Health Underwrite	,	ion Comm	nittee																		
Full Name (Last, First, Mid A. PayPal	dle Initial)						Date o	_	sburse		Y	YYYYY									
Mailing Address 2211 North	h First Street						09	ľ		0	Ľ	2019									
City San Jose		State CA	Zip Code 95131				FEC Id	enti	ficatio	n Num	ıber										
Purpose of Disbursement Credit Card Fees Candidate Name					01		C Transaction ID : 13392525 Amount of Each Disbursement this I														
	Categor Type								ory/ Amount of Each Disbursement this Peri												
Ser Pre	State: District: Primary General Other (specify) ▼									Credit Card Fees Memo Item											
Full Name (Last, First, Mid B. Merchant Services	Full Name (Last, First, Middle Initial)										Y	Y Y Y									
Mailing Address 7300 Cha	pman Way	State	State Zin Code						09 03 2019												
Knoxville Purpose of Disbursement Credit Card Fees		TN						FEC Identification Number													
Candidate Name				Cate	-	y/			iction Each			nt this Period									
Pre	use Disbu nate sident	rsement For: Primary Other (spe	General Gerify)				L	emo	Item	Credit	Card	370.91 Fees									
State: District: Full Name (Last, First, Mid	dle Initial)																				
C. Mailing Address							Date o	_	sburse		Y	Y Y Y									
City		State	Zip Code				FEC Id	enti	fication	n Num	iber										
Purpose of Disbursement				_			С														
Candidate Name		Cate Ty	egor ype	y/	Amoun	t of	Each	Disbu	rseme	ent this Period											
Ser	use Disbu nate sident	rsement For: Primary Other (spe	General ecify) ▼						literra		y	1 40 1									
State: District:			<i></i>				Me	emo	Item												
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S	CHEDULE B (FEC Form 3X)			F	OR LI		NUMBER	:			PAGE	172 OF 184							
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck o				23	20	,	27							
		Detailed	Summary Page			8a	22 28b		23 28c	29									
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	0	111																
	Health Underwriters Political Actio	n Comm	littee																
Α.	Full Name (Last, First, Middle Initial) Billy Long For Congress						Date o	f Disl			V	Y Y Y							
	Mailing Address 3246 E Ridgeview St						09	1	D 0(2019							
	City Springfield	State MO	Zip Code 65804				FEC Id	entifi	catior	n Numl	oer								
	Purpose of Disbursement 9/6 Trip		03804		11	1	C C00460063												
	Candidate Name					4	Transaction ID : 13341305 Amount of Each Disbursement this Period												
	Long, Billy, , Rep.,				egory/ ype		Anoun		_acri	Disbui	Semer								
	Office Sought: x House Disburse Senate x President x	ment For: ; Primary Other (spe	General				2000.00 9/6 Trip Memo Item												
	State: MO District: 07	1					IVIC		lem										
В.	Full Name (Last, First, Middle Initial) Billy Long For Congress Mailing Address 3246 E Ridgeview St						Date of	f Disl	burse	D /		2019							
		<u></u>		FEC Identification Number															
	City Springfield	State MO	Zip Code 65804			FEC Id	entifi	catior	n Numl	oer									
	Purpose of Disbursement 9/6 Trip	011					C C00460063 Transaction ID : 13341306												
	Candidate Name			Cate	egory/	1						nt this Period							
	Long, Billy, , Rep., Office Sought: x House Disburse	ment For:		Ty	ype			-				1000.00							
	Senate	Primary	2020 X General					-,	-	9/6 Tri		1000.00							
	State: MO District: 07	Other (spe	cify)				Ме	emo l											
с.	Full Name (Last, First, Middle Initial) Upton For All Of Us						Date o	f Disl	burse	ment									
	Mailing Address PO Box 490					_	M M 09	/	D Q			2019							
	City St. Joseph	State MI	Zip Code 49085				FEC Id	entifi	catior	n Numl	oer								
	Purpose of Disbursement 9/6 Local Meeting			0	11	1	C	1. Ali	20058 ction	34 ID : 13	34130	17							
	Candidate Name Upton, Frederick, Stephen, Rep.,				egory/ ype							nt this Period							
	Consta	ment For:							-		-	1000.00							
	State: MI District: 06	Primary Other (spe	cify) ▼				Me	emo l		9/6 Loo	cal Me	eting							
	State: MI District: 06							_		_	_								
s	UBTOTAL of Disbursements This Page (optional).)	•	Ļ	-	-		,	4000.00							
т	OTAL This Period (last page this line number only	/)			🕨	•	L.		,		9								

SCHEDULE B (FEC Form 3X)							UMBER:			F	PAGE	173 OF 184								
ITEMIZED DISBURSEMENTS			rate schedule(s) category of the	(C	heck	c only 21b	one)		23	26		27								
		Detailed \$	Summary Page		$\left - \right $	210 28a	22 28b		23 28c	20		30b								
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NAME OF COMMITTEE (In Full)	•	0																		
Health Underwriters Political	Action	n Comm	ittee																	
Full Name (Last, First, Middle Initial) A. Drew Ferguson For Congres	s Inc.						Date of	f Dist												
Mailing Address PO Box 387							09 06 2019													
City West Point	:	State GA	Zip Code 31833				FEC Id	entific	cation	Numb	er									
Purpose of Disbursement 9/7 Local Event			31633)11	-1	С С00607838													
Candidate Name				<u> </u>			Transaction ID : 13341308 Amount of Each Disbursement this Period													
Ferguson, Anderson, , , IV					egor ype	y/	Amount	t of E	ach	Disburs	semen	t this Period								
	Disburser	ment For: 2	2020		,							1000.00								
Senate	×	Primary	General						ç)/7 Loc		nt								
State: GA District: 03		Other (spec	cify) 🔻				Me	mo It	tem											
Full Name (Last, First, Middle Initial)																				
B. Bergmanforcongress		Date of Disbursement																		
Mailing Address N5070 Cisco Lake Road							09 06 2019													
City Watersmeet	:	State MI	Zip Code 49969				FEC Id	entific	cation	Numb	er									
Purpose of Disbursement Local Sept Meeting							C C00614214													
Candidate Name					011					D : 13										
Bergman, Jack, , Rep.,					egor ype	y/	Amount	t of E	ach	Disburs	semen	t this Period								
	Disburser	ment For: 2	2020		71							1000.00								
Senate	×	Primary	General					-,	L	.ocal S		eeting								
State: MI District: 01		Other (spec	cify)				Me	mo It	tem											
Full Name (Last, First, Middle Initial)							Date of	Diah		mont										
C. Kurt Schrader For Congress												Y Y								
Mailing Address PO Box 3314							09	,	06			019								
City Oregon City		State OR	Zip Code 97045				FEC Id	entific	cation	Numb	er									
Purpose of Disbursement		01	31043	_	_		С	C004	14690	6										
9/10 Host	Host						-			ID : 13	34131	0								
Candidate Name					egor	у/						t this Period								
Schrader, Kurt, , Rep., Office Sought: x House	Dieburger	ment For: 2	0000	T	ype							3000.00								
Senate		Primary	General					- 7		7										
President	×	Other (spec								9/10 Ho	ost									
State: OR District: 05			-					mo It	lem											
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	CHEDULE B (FEC Form 3X)		aroto ochodula(c)	FOR LINE													
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b												
	ny information copied from such Reports and State for commercial purposes, other than using the na																
$\left[\right]$	NAME OF COMMITTEE (In Full)	•	•														
	Health Underwriters Political Actio	n Comm	littee														
Α.	Full Name (Last, First, Middle Initial) Haley Stevens For Congress				Date of Disbursement												
	Mailing Address 33717 Woodward Ave #539				09 06 2019												
	City Birmingham	State MI	Zip Code 48009		FEC Identification Number												
	Purpose of Disbursement				C C00638650												
	9/11 Reception Candidate Name			011	Transaction ID : 13341311												
	Stevens, Haley, , ,			Category/ Type	Amount of Each Disbursement this Period												
	Office Sought: X House Disburse	ment For: ;			9/11 Reception												
	Senate x	Primary Other (spe	General cify) ▼														
	State: MI District: 11				Memo Item												
	Full Name (Last, First, Middle Initial)																
в.	Bridge the Gap PAC				Date of Disbursement												
	Mailing Address PO BOX 83142				09 06 2019												
	City GAITHERSBURG	State MD	Zip Code 20883		FEC Identification Number												
	Purpose of Disbursement		20003		C C00655423												
	9/12 Lunch Candidate Name			011	Transaction ID : 13341312												
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period												
	Office Sought: House Disburse	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00												
	Senate President	Primary Other (spe	General		9/12 Lunch												
	State: District:	Other (spe	city)		Memo Item												
_	Full Name (Last, First, Middle Initial)																
C.	Stabenow For Us Senate				Date of Disbursement												
	Mailing Address P.O. Box 4945				09 / D D / Y Y Y Y 2019												
	City Foot Langing	State MI	Zip Code 48826		FEC Identification Number												
	East Lansing Purpose of Disbursement		40020		C C00344473												
	Local 9/13 Meeting Candidate Name		011	Transaction ID : 13385983													
	Stabenow, Debbie, , Sen.,			Category/ Type	Amount of Each Disbursement this Period												
	Office Sought: House Disburse	ment For:	2024		5000.00												
	X Senate X	Primary Other (spe	General Gify) ▼		Local 9/13 Meeting												
_	State: MI District:		;;) 🔻		Memo Item												
Γ					7000.00												
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т	OTAL This Period (last page this line number only	/)		••••••	, ,												

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					E NUMBER: PAGE 175 OF 18									
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n															
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	nittee													
Full Name (Last, First, Middle Initial) A. Jason Crow For Congress						Date o	_	sburse		-	Y	YY			
Mailing Address PO Box 32145	1					09		1	1		201	9			
City Aurora Purpose of Disbursement	State CO	Zip Code 80041				FEC Id				mber		-			
9/12 Lunch Candidate Name			1.00	11 egory		C C00637363 Transaction ID : 13385984 Amount of Each Disbursement this Period									
Crow, Jason, , , Office Sought: X House Disburs Senate X	ement For:	2020 General		ype	/			y- 1		Lunch	10	00.00]		
State: CO District: 06	Other (spe	ecify) ▼				M	emo		9/12	Lunch					
Full Name (Last, First, Middle Initial) B. Chris Coons For Delaware Mailing Address PO Box 9900						Date o		D			Y 201	Y Y 19			
City Newark Purpose of Disbursement	State Zip Code DE 19714					FEC Id		ficatio		mber		-			
9/18 Lunch Host Candidate Name Coons, Chris, A., Sen., Office Sought: House Disburs	ement For:	2020	Cate)11 egory ype	/	Tr					ent t	his Perioc	1		
State: DE District:	 Primary Other (specified) 	General ecify)				M	emo	Item	9/18	Lunch	Hos		1		
Full Name (Last, First, Middle Initial) C. Chris Coons For Delaware						Date c	_	sburse				YY			
Mailing Address PO Box 9900						09			6		201				
City Newark Purpose of Disbursement	State DE	Zip Code 19714				FEC Id			-	mber		_			
9/18 Lunch Host Candidate Name Coons, Chris, A., Sen.,	n Host Name Chris, A., Sen.,						ansa		ID :	13388 oursem		his Perioc	ł		
Office Sought: House Disburs X Senate President State: DE District:	ement For: Primary Other (spe	x General				M	emo	Item	9/18	Lunch		000.00 .t			
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 176 OF 184										
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b										
Any information copied from such Reports and State or for commercial purposes, other than using the na														
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee												
Full Name (Last, First, Middle Initial) A. Johnson For Congress				Date of Disbursement										
Mailing Address PO Box 906				09 16 2019										
City Marietta	State OH	Zip Code 45750		FEC Identification Number										
Purpose of Disbursement 9/18 Dinner			011	C C00476820 Transaction ID : 13388071										
Candidate Name Johnson, Bill, , Rep.,	. =		Category/ Type	Amount of Each Disbursement this Period										
Office Sought: X House Disburse Senate President State: OH District: 06	ement For: 2 Primary Other (spe	General		9/18 Dinner Memo Item										
Full Name (Last, First, Middle Initial) B. Tom O'Halleran For Congress Mailing Address PO Box 20375				Date of Disbursement										
City Sedona Purpose of Disbursement	State AZ	Zip Code 86341		FEC Identification Number										
· · ·	ement For: ; Primary Other (spe	011 Category/ Type	Transaction ID : 13388072 Amount of Each Disbursement this Period 1000.00 9/19 Lunch Memo Item											
Full Name (Last, First, Middle Initial) C. Lauren Underwood For Congress				Date of Disbursement										
Mailing Address 2758 Us Highway 34 Suite B#149				09 16 2019										
City Oswego Purpose of Disbursement 9/19 Coffee	State IL	Zip Code 60543	011	FEC Identification Number										
Candidate Name Underwood, Lauren, , Rep., Office Sought:	ement For:		011 Category/ Type	Transaction ID : 13388073 Amount of Each Disbursement this Period 1000.00										
State: IL District: 14	Other (spe	General		9/19 Coffee Memo Item										
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			F	3000.00										

S	CHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 177 OF 184											
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	y one) 22 X 23 26 27 28b 28c 29 30b											
	y information copied from such Reports and State for commercial purposes, other than using the na																
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee														
Α.	Full Name (Last, First, Middle Initial) Swalwell For Congress					Date of Disbursement											
	Mailing Address P.O. Box 2847					09 16 2019											
	City Dublin Dumage of Disburgement	State CA	Zip Code 94568			FEC Identification Number											
	Purpose of Disbursement 9/22 Local Reception Candidate Name			01		C C00502294 Transaction ID : 13388074											
	Swalwell, Eric, M., Rep.,	ment For: 2	2020	Cate Ty		Amount of Each Disbursement this Period 1000.00											
	State: CA District: 15	Primary Other (spec	General			9/22 Local Reception Memo Item											
В.	Full Name (Last, First, Middle Initial) Perdue For Senate Mailing Address PO Box 12077					Date of Disbursement 09 16 2019											
	City Atlanta Purpose of Disbursement 10/2 Local Reception	State GA	Zip Code 30355			FEC Identification Number											
	Candidate Name Perdue, David, , ,	ment For: ; Primary Other (spe	General	Cate	gory/	Transaction ID : 13388075 Amount of Each Disbursement this Period 1000.00 10/2 Local Reception											
<u> </u>	State: GA District: Full Name (Last, First, Middle Initial) Upton For All Of Us	1				Date of Disbursement											
	Mailing Address PO Box 490					09 / D D / Y Y Y Y 20 2019											
	City St. Joseph Purpose of Disbursement	State MI	Zip Code 49085			FEC Identification Number											
	10/7 Local Meeting Candidate Name Upton, Frederick, Stephen, Rep.,		I1 gory/ pe	C C00200584 Transaction ID : 13389605 Amount of Each Disbursement this Period													
	Office Sought: House Disburse Senate President State: MI District: 06	ment For: 2 Primary Other (spe	General			1000.00 10/7 Local Meeting Memo Item											
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S	CHEDULE B (FEC Form 3X)			FOR L	LINE	NUMBER: PAGE 178 OF 184
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		Detailed	Summary Page		28a	28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-				
	Health Underwriters Political Actio	n Comm	ittee			
Α.	Full Name (Last, First, Middle Initial) Latta For Congress					Date of Disbursement
	Mailing Address PO Box 106					09 20 2019
	City	State	Zip Code			
	Bowling Green	OH	43402			FEC Identification Number
	Purpose of Disbursement 9/18 Lunch			011		C C00438697
	Candidate Name					Transaction ID : 13389606
	Latta, Bob, E., Rep.,			Categor Type	у/	Amount of Each Disbursement this Period
		ement For:	2020	1790		1000.00
	Senate x President	_	General			9/18 Lunch
	State: OH District: 05	Other (spe	uiy) ▼			Memo Item
	Full Name (Last, First, Middle Initial)					
Β.	Joni For Iowa					Date of Disbursement
	Mailing Address PO Box 93441		09 / D D / Y Y Y Y 20 2019			
	City		FEC Identification Number			
	Des Moines	IA	50393			
	Purpose of Disbursement 9/19 Lunch			011	ן ר	C C00546788
	Candidate Name			Categor		Transaction ID : 13389608 Amount of Each Disbursement this Period
	Ernst, Joni, , Sen.,			Type	<i>י</i> נ	
		1	2020			1000.00
	X Senate	Primary Other (spe	General			9/19 Lunch
_	State: IA District:					Memo Item
C	Full Name (Last, First, Middle Initial)					Date of Disbursement
J.	Lisa Blunt Rochester For Congres	5				
	Mailing Address PO Box 9767					09 20 2019
	City Wilmington	State DE	Zip Code 19809			FEC Identification Number
	Wilmington Purpose of Disbursement		19009			C C00590778
	9/23 Coffee		011		Transaction ID : 13389609	
	Candidate Name			Categor	y/	Amount of Each Disbursement this Period
	Rochester, Lisa, , ,Office Sought:xHouseDisburse	ement For:	2020	Туре		1000.00
	Senate Disburse	Primary	2020 General			
	President	Other (spe				9/23 Coffee Memo Item
_	State: DE District: 00	-				
						3000.00
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					E NUMBER: PAGE 179 OF 184											
ITI	EMIZED DISBURSEMENTS		category of the	(C	heck	only 21b	one)	×	23	Г	26		27					
		Detailed	Summary Page			21D 28a	22 28b		23 28c	┝	20		30b					
or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us Iress of any polition	sed by cal cor	any	oerso	n for the	e pur	pose	of s fi	solicit	ing co uch c	ontribut	ions e.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	~	•															
	Health Underwriters Political Actio	on Comm	nittee															
	Full Name (Last, First, Middle Initial) Ron Estes For Congress						Date	of Di	sburs	em	ent							
	Mailing Address 12224 E Bracken Ct						09			20	/		019	Y				
	City Wichita	State KS	Zip Code 67206				FEC	denti	ificatio	on I	Numb	ər						
	Purpose of Disbursement 9/23 Dinner			C)11	1	C C00632067 Transaction ID : 13389610											
	Candidate Name				egory	/							u t this F	eriod				
	Estes, Ron, , ,	mort F		Т	ype								1000 0	2				
	Office Sought: House Disburse Senate President Disburse	ement For: Primary Other (spe			9/23 Dinner Memo Item													
	State: KS District: 04	-					I IV		110111									
В.	Full Name (Last, First, Middle Initial) Friends Of Dave Joyce					Date	M /	D	D	ent		- Y	Y					
	Mailing Address 320 Kenarden Drive	04-4-	Zip Code			09			20			2019						
	City Cleveland	State OH		FEC	denti	ificatio	on I	Numb	ər									
	Purpose of Disbursement 9/24 Dinner	OH 44143 011					C C00527457 Transaction ID : 13389611											
	Candidate Name			Cat	egory	/							t this F	eriod				
	Joyce, Dave, , Rep., Office Sought:	mant Fam		Т	уре								1000.0	n				
		ement For: Primary	2020 General						-		24 Dir	-	1000.0					
	State: OH District: 14	Other (spe					N	lemo	Item	9/.	24 Dir	mer						
-	Full Name (Last, First, Middle Initial) Friends Of Schumer						Date	of Di	sburs	em	ent							
	Mailing Address 192 Lexington Avenue Suite 1007	1					M 09			D 20	/		019	Y				
	City New York	State NY	Zip Code 10016				FEC	denti	ificatio	on I	Numb	ər	_					
	Purpose of Disbursement 9/24 Dinner Host		C)11	1	С		03463 actio r) : 133	8961	2						
	Candidate Name Schumer, Charles, E., Sen.,			egory ype	/	Amou	nt of	Each	n D	isburs	emen	t this F	eriod					
		ement For:					L.						5000.0	0				
	x Senate President State: NY	Primary Other (spe	ecify) ▼				N	lemo	Item	9/	24 Dir	ner H	lost					
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\backslash	NAME OF COMMITTEE (In Full)	0	•														
	Health Underwriters Political Actio	n Comm	ittee														
A.	Full Name (Last, First, Middle Initial) Jeffries For Congress				Date of Disbursement												
	Mailing Address 3430 Connecticut Avenue, Nw #17	1704			09 20 2019												
	City Washington	State DC	Zip Code 20008		FEC Identification Number												
	Purpose of Disbursement	DC	20008		C C00503052												
	9/25 Breakfast Host			011	Transaction ID : 13389613												
	Candidate Name			Category/	Amount of Each Disbursement this Period												
	Jeffries, Hakeem, , Rep., Office Sought: x House Disburse	ment For: 2	2020	Туре	2500.00												
	Senate X President	Primary Other (spec	General		9/25 Breakfast Host Memo Item												
	State: NY District: 08																
B.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda San	ichez			Date of Disbursement												
	Mailing Address 410 1st St Se Suite 310		T		09 20 2019												
	City Washington	State DC	Zip Code 20003		FEC Identification Number												
	Purpose of Disbursement 9/25 Dinner		20000	011	C C00384057												
	Candidate Name			Category/	Transaction ID : 13389614 Amount of Each Disbursement this Period												
	Sanchez, Linda, T., Rep., Office Sought: Senate President State: CA District: 38	ment For: 2 Primary Other (spec	General	Туре	9/25 Dinner Memo Item												
С.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Con	nmittee			Date of Disbursement												
	Mailing Address 76 Magnolia Terrace				09 / 20 / Y Y Y Y 2019												
	Springfield	State MA	Zip Code 01108		FEC Identification Number												
	Purpose of Disbursement 9/25 Dinner Host Candidate Name Neal, Richard, E., Rep.,			011 Category/ Type	C C00226522 Transaction ID : 13389615 Amount of Each Disbursement this Period												
		ment For: 2 Primary Other (spec	General	~	9/25 Dinner Host Memo Item												
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Ful) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Mike Kelly For Congress Mailing Address PO Box 476 City Lurens State: PA District: 03 Purpose of Disbursement State: SC District: 03 Purpose of Disbursement State: IL Disb		IMITED DISROKSEMENIS	for each	category of the			21b	22	×		F					
Health Underwriters Political Action Committee A: Mike Kelly For Congress Maiing Address PO Box 475 Oily Lyndora Purpose of Disbursement 9/2 Lunch Host Candidate Name Kelly, Mike, Rep., Office Sought: Y President State: President Disbursement 9/2 Lunch Host Candidate Name Kelly, Mike, Rep., Office Sought: Y Primary State: President Disbursement For: 2020 Other (specify) State Purpose of Disbursement 011 President Other (specify) B. Jeff Duncan For Congress Date of Disbursement Maling Address PO Box 845 Category City State Purpose of Disbursement State Purpose of Disbursement State Purpose of Disbursement State State: Senate Purpose of Disbursement Oildursement Office Sought: X Hoose Oildursement		for commercial purposes, other than using the na														
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State: PA District: 03 Full Name (Last, First, Middle Initial) Date of Disbursement B. Jeff Duncan For Congress Date of Disbursement Mailing Address: PO Box 845 City State: Zip Code State: SC 29360 Purpose of Disbursement 9/26 Lunch Host 9/26 Dinner 011 Category/ Transaction Number Purpose of Disbursement President Office Sought: Mouse State: Sc Disbursement For: 2020 State: Senate Purpose of Disbursement For: 2020 State: Senate President Other (specify) State: Senate Purpose of Disbursement Primary General Other (specify) State: Sc Disbursement Primary General Other (specify) Bate of Disbursement Primary City Eachood For Congress Mailing Address P.O. Box 10735 Date of Disbursement this Period </td <td></td> <td>Kelly, Mike, , Rep.,</td> <td>ement For: 2</td> <td>2020</td> <td></td> <td></td> <td>y/</td> <td>Amoun</td> <td>t of</td> <td>Each</td> <td>Dis</td> <td>sburse</td> <td></td> <td>2500.00</td>		Kelly, Mike, , Rep.,	ement For: 2	2020			y/	Amoun	t of	Each	Dis	sburse		2500.00		
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Peoria IL 61612 Purpose of Disbursement 9/25 Dinner 011 Candidate Name 011 Candidate Name 011 LaHood, Darin, , Rep., Disbursement For: 2020 Senate Primary President Other (specify) State: IL Disbursements This Page (optional)		Mailing Address P.O. Box 10735														
LaHood, Darin, , Rep., Category/ Type Office Sought: ★ Senate Primary President Other (specify) State: IL Disbursements This Page (optional)		Peoria Purpose of Disbursement 9/25 Dinner	C C00575050							B						
State: IL District: 18 SUBTOTAL of Disbursements This Page (optional)		LaHood, Darin, , Rep., Office Sought: x House Disburse	7				y/	Amoun	t of	Each		-9-				
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Comm	ittee					
Α.	Full Name (Last, First, Middle Initial) Chris Pappas For Congress	Date of Disbursement						
	Mailing Address PO Box 313					09 20 2019		
	City Manchester	State NH	Zip Code 03105			FEC Identification Number		
	Purpose of Disbursement 9/26 Dinner Host			C)11	C C00660464 Transaction ID : 13389619		
	Candidate Name Pappas, Chris, , ,				egory/ ype	Amount of Each Disbursement this Period		
	Office Sought: House Senate President State: NH District: 01	ement For: 2 Primary Other (spe		9/26 Dinner Host Memo Item				
В.	Full Name (Last, First, Middle Initial) Case For Congress Mailing Address 1253 S. Beretania St., #8888	Date of Disbursement						
	City Honolulu Purpose of Disbursement 9/27 Lunch Candidate Name)11	FEC Identification Number C C00680918 Transaction ID : 13389620 Amount of Each Disbursement this Period				
	° n	ement For: Primary Other (spe	2020 General cify)		egory/ ype	9/27 Lunch Memo Item		
C.	Full Name (Last, First, Middle Initial) Huizenga For Congress	Date of Disbursement						
	Mailing Address PO Box 254	09 / 20 / 2019						
	City Zeeland Purpose of Disbursement	_	FEC Identification Number					
	October Local Meeting Candidate Name Huizenga, Bill, , Rep.,)11 egory/ ype	Transaction ID : 13389621 Amount of Each Disbursement this Period					
	Office Sought: House Disburse Senate President State: MI District: 02	ement For: ; Primary Other (spe	General			October Local Meeting Memo Item		
s	UBTOTAL of Disbursements This Page (optional).				•••••	5000.00		
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\setminus	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Actio	n Comm	nittee										
A.	Full Name (Last, First, Middle Initial) Biggs For Congress				Date of Disbursement								
	Mailing Address 228 S Washington St Suite 115												
	City Alexandria	State VA	Zip Code 22314		FEC Identification Number								
	Purpose of Disbursement 9/19 Reception			011	C C00610451								
	Candidate Name Biggs, Andy, , ,			Category/ Type	Transaction ID : 13390220 Amount of Each Disbursement this Period								
		ement For: Primary	2020 General	Type	1000.00								
	State: AZ District: 05	Other (spe			9/19 Reception Memo Item								
_	Full Name (Last, First, Middle Initial)												
в.	Pallone For Congress				Date of Disbursement								
	Mailing Address PO Box 3176				09 23 2019								
	City Long Branch	State NJ	Zip Code 07740		FEC Identification Number								
	Purpose of Disbursement 9/26 Dinner	C C00226928											
	Candidate Name	Category/	Transaction ID : 13390221 Amount of Each Disbursement this Period										
	Pallone, Frank, , Rep., Jr.			Туре	1000.00								
		ement For:			1000.00								
	Senate x President	Primary Other (spe	General ecify)		9/26 Dinner Memo Item								
_	State: NJ District: 06 Full Name (Last, First, Middle Initial)												
C.	Susie Lee For Congress				Date of Disbursement								
	Mailing Address 5130 S Fort Apache Rd Ste. 215-382	09 23 2019											
	City Las Vegas	State NV	Zip Code 89148		FEC Identification Number								
	Purpose of Disbursement 9/29 Local Event			011	C C00655613 Transaction ID : 13390223								
	Candidate Name Lee, Susie, , ,	Amount of Each Disbursement this Period											
	Office Sought: 🗶 House Disburse	ment For:		Туре	1500.00								
	Senate X President	Primary Other (spe	ecify) ▼		9/29 Local Event Memo Item								
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NAME OF COMMITTEE (In Full)													
Health Underwriters Political Action	on Comr	nittee											
Full Name (Last, First, Middle Initial) A. Horsford For Congress				Date	of D	isburs	eme	nt					
Mailing Address 900 S Pavilion Center Dr. Suite 160	-							09 24 2019					
City	State NV	Zip Code 89144	FEC	FEC Identification Number									
Las Vegas Purpose of Disbursement	INV	89144		<u> </u>	05046	10							
10/2 Local Reception			011		C C00504613 Transaction ID : 13390912 Amount of Each Disbursement this Period								
Candidate Name			Category/										
Horsford, Steven, A., Rep.,			Туре										
	sement For:							-9-	15	00.00			
Senate President	Primary Other (sp	General			10/2 Local Reception								
State: NV District: 04		ecity) V			Vlemo	b Item							
Full Name (Last, First, Middle Initial)													
3. Friends Of Mark Warner		Date of Disbursement											
Mailing Address 201 North Union Street Suite 300		09 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City	State	Zip Code		FEC	FEC Identification Number								
Alexandria Purpose of Disbursement							0 000400740						
9/24 Lunch Sponsor	011	С											
Candidate Name	andidate Name						Transaction ID : 13390934 Amount of Each Disbursement this Period						
Warner, Mark, Robert, Sen.,			Category/ Type		Amount of Each Disbursement this Fellou								
°	sement For:	2020		1 .	2000.00								
X Senate	Primary	x General			9/24 Lunch Sponsor								
State: VA District:	Other (sp	ecity)			Nemo	b Item							
Full Name (Last, First, Middle Initial)	22			Date	of D	lishurs	eme	nt					
	M	Date of Disbursement											
Mailing Address 6021 Sw 29th Street Suite A, Box 150	0	09 25 2019											
City Topeka	State KS	Zip Code 66614		FEC	FEC Identification Number								
Purpose of Disbursement	C	C C00660050											
9/27 Coffee	011		Frans	action	n ID	: 1339	91072						
Candidate Name	Category/		Amount of Each Disbursement this Period										
Watkins, Steve, , ,									10	00.00			
	Duine and	2020 General			1000.00								
President	Other (sp				9/27 Coffee Memo Item								
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