

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Underwriters Political Action Committee

ADDRESS (number and street) 1212 New York Ave Suite 1100 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/03/2020

5. Covering Period 10/01/2020 through 10/14/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Murphy, Jennifer, , , Type or Print Name of Treasurer

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date 11/10/2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		381415.46
(b) Cash on Hand at Beginning of Reporting Period.....	290929.55	
(c) Total Receipts (from Line 19) .....	12405.67	440803.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	303335.22	822218.63
7. Total Disbursements (from Line 31).....	55735.64	574619.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	247599.58	247599.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: 10 / 01 / 2020 To: 10 / 14 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9544.67	261196.00
(ii) Unitemized .....	2861.00	172607.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12405.67	433803.17
(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) .....	12405.67	433803.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12405.67	440803.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12405.67	440803.17

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	635.64	12768.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	635.64	12768.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53100.00	558500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2000.00	3351.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2000.00	3351.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55735.64	574619.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55735.64	574619.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12405.67	433803.17
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	3351.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10405.67	430452.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	635.64	12768.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	635.64	12768.05

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Check 2830 deposited to incorrect PAC

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Little, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1145 2nd Street #A-269  
 City Brentwood State CA Zip Code 94513-2292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025413**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Kennedy-Simington, Dierdre, , CHRS, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 E Walnut Street, Suite 236  
 City Pasadena State CA Zip Code 91106-5332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025419**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Jacquet, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4584 North Rancho Drive  
 City Las Vegas State NV Zip Code 89130-3478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Branch Benefits Consultants Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025424**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mayer, Alana, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N. Central Ave  
 9th Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025425**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Martin, M. Danny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1291 Jefferson Terrace  
 City Macon State GA Zip Code 31201-6703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) M. Danny Martin Occupation (for Individual) Insurance Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025426**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Bagley, Calvin, Dean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9640 W. Tropicana Avenue, Suite 10  
 City Las Vegas State NV Zip Code 89147-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sun City Financial Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15025427**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Stone Hill Farms Parkway  
 City Flower Mound State TX Zip Code 75028-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 01 / 2020  
**Transaction ID : 15069556**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Shaw, Wanda, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 South 10 Street  
 City Griffin State GA Zip Code 30224-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : 15113114**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hoffman, Crystal, , SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 709  
 City Sugar Land State TX Zip Code 77487-0709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : 15113119**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Smith, Paul, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 963 D Queen Street  
 City Southington State CT Zip Code 06489-1282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paul E. Smith Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : 15113120**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ameling, Mary, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Wood Lily Circle  
 City Leland State NC Zip Code 28451-7686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 02 / 2020  
**Transaction ID : 15113122**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Dorroh, Thomas, Allen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 996  
 City Killeen State TX Zip Code 76540-0996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 03 / 2020  
**Transaction ID : 15219179**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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

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

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2020

**Transaction ID : 15219181**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Perea, Carmen, Alicia, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 509 Bush Street

City Woodland	State CA	Zip Code 95695-3938
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2020

**Transaction ID : 15219182**

Amount of Each Receipt this Period  
12.00

Memo Item

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

Mailing Address 13700 Six Mile Cypress Pkwy

City Fort Myers	State FL	Zip Code 33912-4324
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2020

**Transaction ID : 15219183**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Bibian, Jolene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Maple Ct # 212  
 City Ventura State CA Zip Code 93003-9122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mills + Maple Insurance Solutions Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 03 / 2020  
**Transaction ID : 15219185**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. King, Carolyn, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Country Lane  
 City Sussex State NJ Zip Code 07461-4630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2020  
**Transaction ID : 15219186**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stockstill, Julia Beckie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 E. San Augustine  
 City Deer Park State TX Zip Code 77536-4160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 03 / 2020  
**Transaction ID : 15219187**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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

**A. Warwick, John, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1907 B Mangrove Ave.  
 City Chico State CA Zip Code 95926-2381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2020  
**Transaction ID : 15219188**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Cagliola, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1445.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2020  
**Transaction ID : 15219287**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

**C. Ashby, Thomas, F., LPRT, LUTC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 70  
 City Zirconia State NC Zip Code 28790-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Healthcare Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2020  
**Transaction ID : 15219289**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

**A. Mochan, Damian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Radnor Rd Ste 202  
 City State College State PA Zip Code 16801-7986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central PA Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2020  
**Transaction ID : 15219294**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Zavala, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4814 Cranbrook Dr E  
 City Colleyville State TX Zip Code 76034-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2020  
**Transaction ID : 15219295**  
 Amount of Each Receipt this Period  
 63.00  
 Memo Item

**C. Nolimal, Frank, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5740 S. Arville, Ste 204  
 City Las Vegas State NV Zip Code 89118-3071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2020  
**Transaction ID : 15219297**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	213.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Rice, Patty, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 69th Ave W  
 City Tacoma State WA Zip Code 98466-5173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cascade Valley Insurance Occupation (for Individual) Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2020  
**Transaction ID : 15219298**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Pedersen, Jill, L., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16325 Boones Ferry Rd #204  
 City Lake Oswego State OR Zip Code 97035-4297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt 10 / 04 / 2020  
**Transaction ID : 15219300**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Trokey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S. Kirkwood Rd Ste 201  
 City Saint Louis State MO Zip Code 63122-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 04 / 2020  
**Transaction ID : 15219302**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dillon, Michael, F., CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

City Reno	State NV	Zip Code 89501-2005
--------------	-------------	------------------------

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

Name of Employer (for Individual) Dillon Health	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2020

**Transaction ID : 15219317**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 13811 S 50TH ST

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2020

**Transaction ID : 15219318**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 3600 American Blvd Suite500

City Bloomington	State MN	Zip Code 55431-4502
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2020

**Transaction ID : 15219319**

Amount of Each Receipt this Period  
85.00

Memo Item

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



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

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

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

**A. Southan, Tamela, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 W. Renner Rd., Ste 330  
 City Richardson State TX Zip Code 75082-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219320**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Grossman, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 NW Loop 410 Suite 200  
 City San Antonio State TX Zip Code 78213-2337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Bank of San Antonio Insurance Grou Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219321**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kirk, Stephanie, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18887 State Highway 305 Suite 300  
 City Poulsbo State WA Zip Code 98370-7461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219322**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Wham, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 E 5th Avenue  
 City Conshohocken State PA Zip Code 19428-1789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219323**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Gussin, Craig, , CLU, LPRT,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Palomar Airport Road #260  
 City Carlsbad State CA Zip Code 92011-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219324**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gualtieri, Peter, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 JFK Boulevard, Suite 1220  
 City Philadelphia State PA Zip Code 19103-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219327**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sale, Raymer, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway  
 Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219328**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Enders, Shannon, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5797 Harvey Street - Suite A  
 City Norton Shores State MI Zip Code 49444-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lakeshore Employee Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219329**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Michaels, Norman, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 NO CENTREAL AVE  
 City Elmsford State NY Zip Code 10523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tristate Pay Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219330**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dumancas, Harilyn, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 NE Multnomah St.  
 Attn: KPB14  
 City Portland State OR Zip Code 97232-2023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219331**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lasley, Mariette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6100 Palmaya Lane  
 City Orangevale State CA Zip Code 95662-5903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ameritas Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 10 / 05 / 2020  
**Transaction ID : 15219334**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. DeBruin, Teresa, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5441 Edgerton Drive  
 City Peachtree Corners State GA Zip Code 30092-2185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DeBruin Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 15219607**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Niederman, Tammy, Lyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10042 Silver Maple Circle  
 City Highlands Ranch State CO Zip Code 80129-5420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avesis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 15219612**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Webb, Charles, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2670 Electric Rd  
 City Roanoke State VA Zip Code 24018-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 15219613**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Whitfield, Pamela, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 W. Tudor Rd. #207  
 City Anchorage State AK Zip Code 99503-6648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elite-VB LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2020  
**Transaction ID : 15219614**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cupo, Gary, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Fairfields Commons**  
**271 Route 46 West Suite F-109**  
 City **Fairfield** State **NJ** Zip Code **07004-2447**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Benefit Solutions** Occupation (for Individual) **Health Insurance Specialist**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 06 / 2020**  
**Transaction ID : 15219615**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item

**B. Sokol, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **901 Wilshire Drive**  
**Suite 330**  
 City **Troy** State **MI** Zip Code **48084-5611**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Wilshire Benefits Group Inc** Occupation (for Individual) **President/CEO**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt **10 / 06 / 2020**  
**Transaction ID : 15219616**  
 Amount of Each Receipt this Period **170.00**  
 Memo Item

**C. Combs, Susan, L., PPACA, ChH,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **234 Fifth Ave**  
**Ste 512**  
 City **New York** State **NY** Zip Code **10001-7607**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Combs & Company, LLC** Occupation (for Individual) **Broker**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 06 / 2020**  
**Transaction ID : 15219617**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Odegard, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21308 John Milless Drive  
 Suite 102  
 City Rogers State MN Zip Code 55374-4875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Odegard Benefit Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **10 / 06 / 2020**  
**Transaction ID : 15219618**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Wojcik, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18131 Bramett Dr  
 City Tinley Park State IL Zip Code 60487-6207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Horton Group, Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 06 / 2020**  
**Transaction ID : 15220258**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Follow up donation after first one was returned

**C. Deru, Scott, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 336  
 City Layton State UT Zip Code 84041-0937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefits Analysts Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **10 / 07 / 2020**  
**Transaction ID : 15220553**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2142.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway  
 Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220554**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

**B. Pendorf, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31666 W. Nine Dr.  
 City Laguna Niguel State CA Zip Code 92677-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220556**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Daidone, Grace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S. Virginia  
 City Reno State NV Zip Code 89502-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220559**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Chubet, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 Main St.  
 Suite B  
 City Farmington State CT Zip Code 06032-2975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220560**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Sautter, Robert, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 South 400 West  
 Suite 201  
 City Vineyard State UT Zip Code 84058-5370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paylogics Occupation (for Individual) Client Adviser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220562**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Rome, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Lessard St  
 City Donaldsonville State LA Zip Code 70346-2505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15220563**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burgee, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 415  
 96 S. Howell St  
 City Hillsdale State MI Zip Code 49242-0415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Burgee Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15221184**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Bryer, Jonathan, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2376 Binch Place  
 City Manasquan State NJ Zip Code 08736-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Liberty Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15221375**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Enders, Shannon, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5797 Harvey Street - Suite A  
 City Norton Shores State MI Zip Code 49444-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lakeshore Employee Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 10 / 07 / 2020  
**Transaction ID : 15221386**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Galardini, Richard, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 Stonewood Dr  
 Suite 251  
 City Wexford State PA Zip Code 15090-7376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2020  
**Transaction ID : 15221402**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Tandrow, Tara, , CIC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 5815  
 City Boise State ID Zip Code 83705-0815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2020  
**Transaction ID : 15221403**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Theesfeld, Angela, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 Toyah Brk  
 City San Antonio State TX Zip Code 78258-2564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Davidson Camp Insurance Services, LLC Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2020  
**Transaction ID : 15221404**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21820 Burbank Blvd,  
 North Building, Suite 300  
 City Woodland Hills State CA Zip Code 91367-6476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : 15221406**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Garcia, J., Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 820 Jordan Street  
 Suite 400  
 City Shreveport State LA Zip Code 71101-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2020  
**Transaction ID : 15221408**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wright, Geoffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Horvath Drive  
 City Ithaca State NY Zip Code 14850-9711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Life Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221580**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Black, Elizabeth, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 847  
 City McMinnville State OR Zip Code 97128-0847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hagan Hamilton Ins. & Financial Servic Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221583**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Haberman, Joshua, , RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9301 Bryant Ave S Suite 105  
 City Bloomington State MN Zip Code 55420-3473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alexander & Haberman Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221585**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Sansevieri, Paul, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 641  
 City Corona Del Mar State CA Zip Code 92625-0641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sansevieri Insurance Services, Inc. Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221587**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Coley, Maggie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Olde Gate Court  
 City Pooler State GA Zip Code 31322-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221589**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Renkar, Christopher, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8814 Fargo Road Suite 125  
 City Richmond State VA Zip Code 23229-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Benefits LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221591**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. McKittrick, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4020 Danley Drive  
 City Rapid City State SD Zip Code 57702-6893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mountain Plains Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221592**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scholz, Paul, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St  
 Ste 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221593**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Jimison, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6185 Magnolia Ave Ste 319  
 City Riverside State CA Zip Code 92506-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221594**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Deagle, Michael, P., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 National Parkway  
 Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221596**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Meredith, Griffin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 S 5th St Unit 303  
 City Louisville State KY Zip Code 40202-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Insurance Partners Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221597**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Lindsay, Robert, , CPCU, CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2560 Fairway Ct  
 City Bettendorf State IA Zip Code 52722-6206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur J. Gallagher & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221598**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Rice, Lori, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 Interpark Blvd  
 City San Antonio State TX Zip Code 78216-1841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marsh Wortham Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221599**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

**A. Mordo, David, , ACA Certif,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 Newman Springs Rd  
 Bldg 1 Suite 106  
 City Red Bank State NJ Zip Code 07701-5690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : 15221600**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kelley, Dianne, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7320 N La Cholla Blvd.  
 154-219  
 City Tucson State AZ Zip Code 85741-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 11 / 2020  
**Transaction ID : 15222311**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. McNally, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Acme Road  
 Suite 2  
 City Brewer State ME Zip Code 04412-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Med-A-Vision, Inc. Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222340**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Banchy, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4233 Southtowne Drive  
 City Eau Claire State WI Zip Code 54701-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222341**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Knight, Ronald David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 507  
 City Carrollton State GA Zip Code 30112-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222342**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Monthly Contribution

**C. Harvey, Darren, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7001 Heritae Village Plaza Suite 1  
 City Gainesville State VA Zip Code 20155-3094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Group Benefits Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222344**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lee, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 L Street  
 Suite 270  
 City Anchorage State AK Zip Code 99501-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Moda Health Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222347**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Moore, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1006  
 City Burlington State NC Zip Code 27216-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 David R. Moore, CLU & Associates Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222348**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Norris, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 295 E Palmer Street  
 City Franklin State NC Zip Code 28734-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wayah Employee Benefits / EbenConcepts Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222353**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hild, Donald, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2640 Willard Dairy Rd.  
 Suite 122  
 City HIGH POINT State NC Zip Code 27265-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222358**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Vipond, Elizabeth, T., CLU, CFP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 Cumberland Av Unit 1903  
 City Tampa State FL Zip Code 33602-4260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Senior Health Advisor Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222360**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Nigro, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17117 Oak Drive  
 Suite D  
 City Omaha State NE Zip Code 68130-2193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222363**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brannon, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Terrace Way, Suite B  
 City Greensboro State NC Zip Code 27403-3663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Group US, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222366**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Blomgren, Laura, , CLTC, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 National Parkway Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222369**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Moore, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1644 Plank Rd  
 City Duncansville State PA Zip Code 16635-8376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L.R. Webber Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 12 / 2020  
**Transaction ID : 15222370**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Fairbairn, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Creative Insurance Concepts Inc  
 8069 Little Circle Rd  
 City Noblesville State IN Zip Code 46060-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Insurance Concepts Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222371**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Riensche, Glen, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6101 Havelock Ave  
 City Lincoln State NE Zip Code 68507-1268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Insurance Services, Inc Occupation (for Individual) Financial Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222373**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Stewart, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 C Street, Suite 500  
 City Anchorage State AK Zip Code 99503-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISQ Consulting Occupation (for Individual) Sr. Acct Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2020  
**Transaction ID : 15222374**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. West, James, E., CIC,FLMI,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28875 Frost Lane

City Adel	State IA	Zip Code 50003-2212
--------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2020

**Transaction ID : 15222375**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 353 N Clark St

City Chicago	State IL	Zip Code 60654-4704
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLIANT INSURANCE	Occupation (for Individual) Compliance Project Specialist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2020

**Transaction ID : 15222377**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Perry, Amy, , REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 851 International Pkwy  
Suite 120

City Richardson	State TX	Zip Code 75081-2804
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OneDigital	Occupation (for Individual) Senior Account Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2020

**Transaction ID : 15222378**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. May, Robert, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 East Main Suite A

City Puyallup	State WA	Zip Code 98372-3170
------------------	-------------	------------------------

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

Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2020

**Transaction ID : 15222381**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 1055 Longfellow Dr Suite B

City Hiawatha	State IA	Zip Code 52233-2024
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : 15222990**

Amount of Each Receipt this Period  
90.00

Memo Item

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

Mailing Address 1100 Wild Ginger Lane

City Fleming Island	State FL	Zip Code 32003-3224
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Aetna	Occupation (for Individual) Marketing Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : 15222991**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Evans, Joseph, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13848 Rosewood Drive  
 City Clive State IA Zip Code 50325-8704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medigold Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15222992**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Fabini, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 10806 632 W Hamilton Rd  
 City Fort Wayne State IN Zip Code 46854-0806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Secure Benefit Solutions Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15222993**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Schroeder, Scott, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East First Street P O Box 327  
 City Mechanicsville State IA Zip Code 52306-0327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schroeder & Associates Occupation (for Individual) President/Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15222994**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 26555 Evergreen Road  
Suite 535

City Southfield State MI Zip Code 48076-4213

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4735.00

Date of Receipt  
10 / 13 / 2020  
**Transaction ID : 15223000**

Amount of Each Receipt this Period  
415.00

Memo Item

**B. Patrician, James, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 923 N. Plum Grove Road, Suite C

City Schaumburg State IL Zip Code 60173-5152

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

Name of Employer (for Individual) Coordinated Benefits Company Occupation (for Individual) President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
10 / 13 / 2020  
**Transaction ID : 15223001**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 246 E 11th Street  
Suite 302

City Chattanooga State TN Zip Code 37402-4269

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

Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
10 / 13 / 2020  
**Transaction ID : 15223002**

Amount of Each Receipt this Period  
85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Daugherty, Cathy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Quail St  
 Ste 570  
 City Newport Beach State CA Zip Code 92660-2752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223003**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Schiebel, Al, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Glenlake Parkway  
 North Tower, Suite 1050  
 City Atlanta State GA Zip Code 30328-3495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223004**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Sherrill, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 498 Palm Springs Dr, Suite 270  
 City Altamonte Springs State FL Zip Code 32701-7805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223006**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Matznick, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3150 N. Elm Street  
 Suite 201  
 City Greensboro State NC Zip Code 27408-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223007**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Masucci, Joseph, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Rouser Road  
 Building 4 Suite 401  
 City Moon Township State PA Zip Code 15108-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Benefit Services LLC Occupation (for Individual) Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223008**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Anderson, Corey, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11247 69th St NE Albertville  
 City Albertville State MN Zip Code 55301-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : 15223009**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Johnson, David, S., LUTCF,RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12138 Big Canoe

City Big Canoe	State GA	Zip Code 30143-5157
-------------------	-------------	------------------------

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

Name of Employer (for Individual) David S. Johnson Insurance	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2020

**Transaction ID : 15223170**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. Hensley, Lizette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 84

City Royse City	State TX	Zip Code 75189-0084
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc	Occupation (for Individual) Agent
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2020

**Transaction ID : 15223172**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. Castellani, Lorelei, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 905

City Branchville	State NJ	Zip Code 07826-0905
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Benefit Guidance Systems	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2020

**Transaction ID : 15223175**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sutton, Trent, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Poleline Rd., # A  
 City Pocatello State ID Zip Code 83201-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Health Insurance Broker Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : 15223176**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Pierce, Mary, Jeannette, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 SE 105th Ct  
 City Vancouver State WA Zip Code 98664-4746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : 15223177**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Wakamoto-Lee, Sue, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6386 Sussex Ct  
 City Dublin State CA Zip Code 94568-7443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Producer/ Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2020  
**Transaction ID : 15223178**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 47 OF 59  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Health Underwriters Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wojcik, Michael, E., ,

Mailing Address 18131 Bramett Dr

City Tinley Park	State IL	Zip Code 60487-6207
---------------------	-------------	------------------------

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

Name of Employer (for Individual) The Horton Group, Inc.	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2020

**Transaction ID : 15279399**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$2000.00 This changes the YTD Total to \$2000.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	9544.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15274076**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15274087**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Ann Wagner For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

Mailing Address PO Box 50

FEC Identification Number

City Ballwin State MO Zip Code 63022

**C** C00495846

Purpose of Disbursement

**011**  
Category/Type

**Transaction ID : 15069548**

Amount of Each Disbursement this Period

2000.00

Candidate Name

**Wagner, Ann, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: MO District: 02

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Collins For Senator**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

Mailing Address PO Box 1096

FEC Identification Number

City Bangor State ME Zip Code 04402

**C** C00314575

Purpose of Disbursement

**011**  
Category/Type

**Transaction ID : 15069551**

Amount of Each Disbursement this Period

3500.00

Candidate Name

**Collins, Susan, M., Sen.,**

Office Sought:  House  
 Senate  
 President  
State: ME District:

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Rodney For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2020			

Mailing Address PO Box 344

FEC Identification Number

City Taylorville State IL Zip Code 62568

**C** C00521948

Purpose of Disbursement

**011**  
Category/Type

**Transaction ID : 15069553**

Amount of Each Disbursement this Period

2000.00

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Lahood For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement  011 Category/Type

Candidate Name **LaHood, Darin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 18

Date of Disbursement: 10 / 01 / 2020

FEC Identification Number: **C00575050**  
Transaction ID : **15069554**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Meuser For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1892

City Shavertown State PA Zip Code 18708

Purpose of Disbursement  011 Category/Type

Candidate Name **Meuser, Daniel, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: PA District: 09

Date of Disbursement: 10 / 07 / 2020

FEC Identification Number: **C00654723**  
Transaction ID : **15221366**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**C. Friends Of David Schweikert**

Full Name (Last, First, Middle Initial)  
Mailing Address 8175 East Evans Road # 13176

City Scottsdale State AZ Zip Code 85267

Purpose of Disbursement  011 Category/Type

Candidate Name **Schweikert, David, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AZ District: 06

Date of Disbursement: 10 / 07 / 2020

FEC Identification Number: **C00540617**  
Transaction ID : **15221370**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Yarmuth For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 1815 Brownsboro Road, Suite 101

City Louisville State KY Zip Code 40206

Purpose of Disbursement

Category/Type

Candidate Name  
**Yarmuth, John, A., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: KY District: 03

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2020

FEC Identification Number  
**C** C00419630  
**Transaction ID : 15221527**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

**B. Scott Peters For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement

Category/Type

Candidate Name  
**Peters, Scott, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: CA District: 52

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2020

FEC Identification Number  
**C** C00503110  
**Transaction ID : 15221528**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**C. Liz Cheney For Wyoming**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 697

City Casper State WY Zip Code 82602

Purpose of Disbursement

Category/Type

Candidate Name  
**Cheney, Elizabeth, , Mrs,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: WY District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2020

FEC Identification Number  
**C** C00607556  
**Transaction ID : 15221531**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Issa For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement  011 Category/Type

Candidate Name **Issa, Darrell, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement: 10 / 08 / 2020

FEC Identification Number: **C00350520**  
**Transaction ID : 15221532**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Rounds For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement  011 Category/Type

Candidate Name **Rounds, Mike, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement: 10 / 08 / 2020

FEC Identification Number: **C00532465**  
**Transaction ID : 15221533**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. Steve Daines For Montana**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  011 Category/Type

Candidate Name **Daines, Steven, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MT District:

Date of Disbursement: 10 / 08 / 2020

FEC Identification Number: **C00491357**  
**Transaction ID : 15221534**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Morgan Griffith For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

Category/Type

Candidate Name  
**Griffith, Morgan, H., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: VA District: 09

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15221535**

Amount of Each Disbursement this Period

Memo Item

**B. Kevin Mccarthy For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Category/Type

Candidate Name  
**McCarthy, Kevin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CA District: 23

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15221537**

Amount of Each Disbursement this Period

Memo Item

**C. Stivers For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Category/Type

Candidate Name  
**Stivers, Steve, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: OH District: 15

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15221538**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Adrian Smith For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2020

Mailing Address 1126 Avenue A  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

FEC Identification Number

**C** C00412890

**Transaction ID : 15221539**

Amount of Each Disbursement this Period

3000.00

Memo Item

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

**Smith, Adrian, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)  
**B. Perdue For Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2020

Mailing Address PO Box 12077

City State Zip Code  
Atlanta GA 30355

FEC Identification Number

**C** C00547570

**Transaction ID : 15221546**

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

**Perdue, David, , ,**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**C. Steve Chabot For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2020

Mailing Address P.O. Box 54461

City State Zip Code  
Cincinnati OH 45254

FEC Identification Number

**C** C00301838

**Transaction ID : 15221553**

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

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

Office Sought:  House  
 Senate  
 President  
State: OH District: 01

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Darren Soto For Congress**

Full Name (Last, First, Middle Initial)  
Darren Soto For Congress

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement  
Void - Darren Soto For Congress

Candidate Name  
**Soto, Darren, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: C00581074  
**Transaction ID : 15223271**  
Amount of Each Disbursement this Period: - 1000.00  
Memo Item  Void - Darren Soto For Congress

**B. Darren Soto For Congress**

Full Name (Last, First, Middle Initial)  
Darren Soto For Congress

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

Candidate Name  
**Soto, Darren, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: FL District: 09

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: C00581074  
**Transaction ID : 15223274**  
Amount of Each Disbursement this Period: 1000.00  
Memo Item

**C. Kinzinger For Congress**

Full Name (Last, First, Middle Initial)  
Kinzinger For Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement

Candidate Name  
**Kinzinger, Adam, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 16

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: C00458877  
**Transaction ID : 15223283**  
Amount of Each Disbursement this Period: 1000.00  
Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McSally For Senate Inc</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address PO Box 19128		FEC Identification Number C 000666040 <b>Transaction ID : 15223284</b>
City Tucson	State AZ	Zip Code 85710
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>McSally, Martha, , Sen.,</b>	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District:	

Full Name (Last, First, Middle Initial) <b>B. Jaime For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address PO Box 1614		FEC Identification Number C 000472704 <b>Transaction ID : 15223285</b>
City Ridgefield	State WA	Zip Code 98642
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Herrera-Beutler, Jaime, , Rep.,</b>	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 03	

Full Name (Last, First, Middle Initial) <b>C. Cornyn Majority Texas</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address 1020 North Fairfax Street Suite 201		FEC Identification Number C <b>Transaction ID : 15223323</b>
City Alexandria	State TX	Zip Code 22314
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1500.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

4000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hern For Congress**

Mailing Address 9521-B RIVERSIDE PKWY #350

City Tulsa State OK Zip Code 74132

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Hern, Kevin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2020

FEC Identification Number  
**C** C00636092  
**Transaction ID : 15223325**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Katko For Congress**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Katko, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: NY District: 24

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2020

FEC Identification Number  
**C** C00556365  
**Transaction ID : 15223326**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR KELLY LOEFFLER**

Mailing Address PO BOX 20036

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Category/  
Type

Candidate Name  
**GEORGIANS FOR KELLY LOEFFLER**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: GA District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2020

FEC Identification Number  
**C** C00729608  
**Transaction ID : 15223327**  
Amount of Each Disbursement this Period  
1600.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. McConnell for Majority Leader

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2020			

FEC Identification Number  
  
**Transaction ID : 15223330**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

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

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

5000.00
53100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Wojcik, Michael, E., ,**

Full Name (Last, First, Middle Initial)

Mailing Address 18131 Bramett Dr

City Tinley Park State IL Zip Code 60487-6207

Purpose of Disbursement Refund of incorrect donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 06 / 2020

FEC Identification Number C

Transaction ID : 15223357

Amount of Each Disbursement this Period 2000.00

Refund of incorrect donation

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00