

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Health Underwriters Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00283135

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day  Primary (12P)  General (12G)  Runoff (12R)  
**PRE-Election** Report for the:  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of   

(d) 30-Day  General (30G)  Runoff (30R)  Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of   

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		309635.57
(b) Cash on Hand at Beginning of Reporting Period.....	302905.86	
(c) Total Receipts (from Line 19) .....	33638.67	235708.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	336544.53	545343.92
7. Total Disbursements (from Line 31).....	17331.38	226130.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	319213.15	319213.15
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Health Underwriters Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19905.67	113076.68
(ii) Unitemized .....	12733.00	113131.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32638.67	226208.35
(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) .....	32638.67	226208.35
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.....	1000.00	9500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	33638.67	235708.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33638.67	235708.35

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	831.38	6275.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	831.38	6275.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	219500.00
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 .....	0.00	355.00
(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)).....	0.00	355.00
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)) ..	17331.38	226130.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17331.38	226130.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32638.67	226208.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	355.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32638.67	225853.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	831.38	6275.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	831.38	6275.77

**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 6 OF 85
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. 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
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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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2021

**Transaction ID : 15862869**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2021

**Transaction ID : 15862872**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. 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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2021

**Transaction ID : 15862877**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<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 7 OF 85
<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. 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
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2021

**Transaction ID : 15862897**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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
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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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2021

**Transaction ID : 15862898**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
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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 ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2021

**Transaction ID : 15862938**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<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 8 OF 85
	<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. Murphy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3080 S Jog Rd  
 City Greenacres State FL Zip Code 33467-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 03 / 2021  
**Transaction ID : 15862939**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Dinkel, Matthew, Kim, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13700 Six Mile Cypress Pkwy  
 City Fort Myers State FL Zip Code 33912-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 03 / 2021  
**Transaction ID : 15862942**  
 Amount of Each Receipt this Period 85.00  
 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 ▼ 225.00

Date of Receipt 05 / 03 / 2021  
**Transaction ID : 15862945**  
 Amount of Each Receipt this Period 45.00  
 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 9 OF 85
	<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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2021  
**Transaction ID : 15862946**  
 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 ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2021  
**Transaction ID : 15863552**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

**C. 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 ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2021  
**Transaction ID : 15863560**  
 Amount of Each Receipt this Period  
 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	318.00
<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 85
	<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. 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 ▼ 500.00

Date of Receipt 05 / 04 / 2021  
**Transaction ID : 15863562**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 250.00

Date of Receipt 05 / 04 / 2021  
**Transaction ID : 15863566**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Berman, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8805 Sawleaf Rd  
 City Indianapolis State IN Zip Code 46260-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15864501**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<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 11 OF 85
	<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
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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 ▼  
425.00

Date of Receipt  

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

**Transaction ID : 15864504**

Amount of Each Receipt this Period  
85.00

Memo Item

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

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

**Transaction ID : 15864505**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. 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
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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 ▼  
425.00

Date of Receipt  

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

**Transaction ID : 15864506**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<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 85
<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 15 Plymwood Dr  
 City Plymouth Meeting State PA Zip Code 19462-2636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15864508**  
 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 ▼ 525.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15864509**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Buffington, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3112 South 13th  
 City Lincoln State NE Zip Code 68502-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A+ Brokerage Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15864512**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	227.00
<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 13 OF 85
	<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. Sale, Raymer, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway  
 Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15864513**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 470.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15865563**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Cochran, L. Briggs, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1151 Red Mile Rd  
 City Lexington State KY Zip Code 40504-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIM Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2021  
**Transaction ID : 15865691**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1185.00
<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 85
<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 ▼ 260.00

Date of Receipt 05 / 06 / 2021  
**Transaction ID : 15865741**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Sokol, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Wilshire Drive Suite 330  
 City Troy State MI Zip Code 48084-5611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilshire Benefits Group Inc Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 06 / 2021  
**Transaction ID : 15865744**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**c. Combs, Susan, L., PPACA, ChH,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Fifth Ave Ste 501  
 City New York State NY Zip Code 10001-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 06 / 2021  
**Transaction ID : 15865745**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.00
<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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pendorf, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31666 W. Nine Dr.  
 City Laguna Niguel State CA Zip Code 92677-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 07 / 2021  
**Transaction ID : 15866040**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 07 / 2021  
**Transaction ID : 15866047**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

**C. Sullivan, Brian, T., RHU,REBC,F,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Marin St Suite 140  
 City Thousand Oaks State CA Zip Code 91360-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Market Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 05 / 07 / 2021  
**Transaction ID : 15866050**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1170.00
<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 85
	<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 ▼ 625.00

Date of Receipt 05 / 08 / 2021  
**Transaction ID : 15867092**

Amount of Each Receipt this Period 125.00

Memo Item

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

Mailing Address 10101 Reunion Place # 303

City San Antonio State TX Zip Code 78216-4163

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

Name of Employer (for Individual) Davidson Camp Insurance Services, LLC Occupation (for Individual) Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 08 / 2021  
**Transaction ID : 15867095**

Amount of Each Receipt this Period 42.00

Memo Item

**C. 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 ▼ 450.00

Date of Receipt 05 / 08 / 2021  
**Transaction ID : 15867097**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
	<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. Magnuson, Raymond, E., JD,CLU,ChF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4337 E. 5th Street

City Tucson State AZ Zip Code 85711-2025

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 05 / 09 / 2021  
**Transaction ID : 15867115**

Amount of Each Receipt this Period 85.00

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 ▼ 850.00

Date of Receipt 05 / 09 / 2021  
**Transaction ID : 15867123**

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 ▼ 1250.00

Date of Receipt 05 / 09 / 2021  
**Transaction ID : 15867124**

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.00

**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 85
	<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. Deru, Scott, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 393 W Gordon Ave  
 Ste 1  
 City Layton State UT Zip Code 84041-2391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2021  
**Transaction ID : 15867125**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Rider, Susan, M., MS, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 803 Touralosa Dr  
 City Westfield State IN Zip Code 46074-7303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preventia Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2021  
**Transaction ID : 15867127**  
 Amount of Each Receipt this Period  
 85.00  
 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 ▼ 833.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2021  
**Transaction ID : 15867132**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	351.67
<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 19 OF 85
	<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 ▼ 425.00

Date of Receipt 05 / 09 / 2021  
**Transaction ID : 15867133**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Mordo, David, , ACA Certif,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Kennedy Court  
 City North Middletown State NJ Zip Code 07748-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 09 / 2021  
**Transaction ID : 15867135**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. 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 ▼ 315.00

Date of Receipt 05 / 11 / 2021  
**Transaction ID : 15869515**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 20 OF 85

(check only one)

Grid for line numbers 11a through 17 with checkboxes. 11a is checked.

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. McNally, Carl, , ,

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 210.00

Date of Receipt

Date of Receipt: 05 / 12 / 2021

Transaction ID : 15869758

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 42.00

Memo Item

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

B. Banchy, Kate, , ,

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 260.00

Date of Receipt

Date of Receipt: 05 / 12 / 2021

Transaction ID : 15869759

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 42.00

Memo Item

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

C. Knight, Ronald David, , ,

Mailing Address PO Box 507

City Carrollton State GA Zip Code 30112-0009

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Marsh and McLennan Agency LL Occupation (for Individual) Agent

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt

Date of Receipt: 05 / 12 / 2021

Transaction ID : 15869760

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 85.00

Memo Item

Monthly Contribution

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

SUBTOTAL amount: 169.00

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

TOTAL amount: 169.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<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. 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 ▼ 425.00

Date of Receipt 05 / 12 / 2021  
**Transaction ID : 15869778**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Stewart, Diana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West 36th Avenue  
 Suite 310  
 City Anchorage State AK Zip Code 99503-5805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RISQ Consulting Occupation (for Individual) Sr. Acct Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 12 / 2021  
**Transaction ID : 15869787**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S. Riverside Plaza  
 Suite 900  
 City Chicago State IL Zip Code 60606-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 12 / 2021  
**Transaction ID : 15869790**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 85
	<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. 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 15869969**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 15869975**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Scholz, Paul, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St Ste 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 15869976**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 23 OF 85
<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. 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 ▼ 425.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869978**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. 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 ▼ 450.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869979**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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 ▼ 225.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869980**  
 Amount of Each Receipt this Period 45.00  
 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 24 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Matznick, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3150 N. Elm Street  
 Suite 201  
 City Greensboro State NC Zip Code 27408-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EbenConcepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869983**  
 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 ▼ 425.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869984**  
 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 ▼ 250.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 15869985**  
 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 25 OF 85
	<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 ▼ 500.00

Date of Receipt 05 / 14 / 2021  
**Transaction ID : 15870166**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hain, Erica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address MC 32-20  
 100 North Academy Avenue  
 City Danville State PA Zip Code 17822-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Health Plan Occupation (for Individual) Senior Director, Commercial Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2021  
**Transaction ID : 15870249**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38168 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2021  
**Transaction ID : 15870253**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 26 OF 85
<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. Fanuele, Dominick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Little Falls Rd., 2nd Floor  
 City Fairfield State NJ Zip Code 07004-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 16 / 2021  
**Transaction ID : 15870276**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Sullivan, Audra, I., SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 N Watson Rd Ste 287  
 City Arlington State TX Zip Code 76006-6222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vogue Insurance Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 16 / 2021  
**Transaction ID : 15870278**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Kennedy, Tamara, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9414 E Sera Bria  
 City Scottsdale State AZ Zip Code 85255-6054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 16 / 2021  
**Transaction ID : 15870282**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.00
<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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 101 Eisenhower Parkway  
Second Floor

City Roseland State NJ Zip Code 07068-1032

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 16 / 2021  
**Transaction ID : 15870284**

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 36711 American Way  
Suite 2F

City Avon State OH Zip Code 44011-4061

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

Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3850.00

Date of Receipt 05 / 17 / 2021  
**Transaction ID : 15870303**

Amount of Each Receipt this Period 170.00

Memo Item

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

Mailing Address 6340 South Western Ave  
Ste 120

City Sioux Falls State SD Zip Code 57108-3413

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

Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 17 / 2021  
**Transaction ID : 15870304**

Amount of Each Receipt this Period 85.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. King, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8427 Beckford Ave.  
 City Northridge State CA Zip Code 91324-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colleen King Insurance Agency, Inc. Occupation (for Individual) Founder/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 17 / 2021  
**Transaction ID : 15870306**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Tompkins, Daniel, R., JD, MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 Windward Concourse Suite 290  
 City Alpharetta State GA Zip Code 30005-2291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 17 / 2021  
**Transaction ID : 15870309**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Gutierrez, Jeanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2727 Grand Prairie Pkwy  
 City Waukeke State IA Zip Code 50263-8844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2021  
**Transaction ID : 15870318**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.00
<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 85
	<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. Wolfe, Rosanne, , RHU, REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 17236

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

**Transaction ID : 15911709**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 1016 Santa Fe St, #205

City Corpus Christi	State TX	Zip Code 78404-2343
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

**Transaction ID : 15911714**

Amount of Each Receipt this Period  
63.00

Memo Item

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

Mailing Address 110 N. Corcoran St. #1205

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2021

**Transaction ID : 15966730**

Amount of Each Receipt this Period  
170.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 30 OF 85
<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. Bartholomew, Rhonda, , CHRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5099

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2021

**Transaction ID : 15967173**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 8430 W Lake Mead #100

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2021

**Transaction ID : 15967174**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 5360 Gulf of Mexico Drive #107

City Longboat Key	State FL	Zip Code 34228-2046
----------------------	-------------	------------------------

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

Name of Employer (for Individual) AM Bennett & Co	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2021

**Transaction ID : 15967183**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<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 31 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Moore, Adrian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7936 Covey Chase Drive  
 City Charlotte State NC Zip Code 28210-7231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 21 / 2021  
**Transaction ID : 15967800**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kohlsdorf, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 Ingersoll Ave Suite 200  
 City Des Moines State IA Zip Code 50309-3102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 22 / 2021  
**Transaction ID : 15968080**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. 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) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 22 / 2021  
**Transaction ID : 15968082**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 32 OF 85
<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. Kite, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 629  
 City Roanoke State VA Zip Code 24004-0629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 22 / 2021  
**Transaction ID : 15968088**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Whang, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51150 Washington St.  
 City New Baltimore State MI Zip Code 48047-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 22 / 2021  
**Transaction ID : 15968091**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Burns, Patrick, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5653 Maxwellton Road  
 City Oakland State CA Zip Code 94618-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 05 / 22 / 2021  
**Transaction ID : 15968092**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<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 85
	<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. 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 ▼ 460.00

Date of Receipt  
 05 / 22 / 2021  
**Transaction ID : 15968093**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Wild, Trei, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Five Cowboys Way Suite 300  
 City Frisco State TX Zip Code 75034-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Warner Pacific Insurance Svcs Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 05 / 22 / 2021  
**Transaction ID : 15968094**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Katz, Alan, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 State Street, #7-281  
 City Santa Barbara State CA Zip Code 93105-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NextAgency Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 05 / 22 / 2021  
**Transaction ID : 15968102**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1175.00
<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 85
	<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. McClaskey, Barbara, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1965 Pine Street  
 City Redding State CA Zip Code 96001-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2021  
**Transaction ID : 15968134**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Reeves, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Brownsboro Rd  
 City Louisville State KY Zip Code 40207-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2021  
**Transaction ID : 15968135**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Goodman, Robert, Hiram, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 7th Avenue South  
 City Birmingham State AL Zip Code 35233-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2021  
**Transaction ID : 15968138**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 85
	<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. Griffey, Patricia, A., CSA, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2021  
**Transaction ID : 15968148**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Gadinas, Kathy, M., CLTC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16325 Boones Ferry Rd., #204  
 City Lake Oswego State OR Zip Code 97035-4297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2021  
**Transaction ID : 15968158**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Pittman, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 24133  
 City Omaha State NE Zip Code 68124-0133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2021  
**Transaction ID : 15968227**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<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 85
	<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. Kowalczyk-Gonzalez, CarrieAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 S Federal Way #213  
 City Boise State ID Zip Code 83716-9277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Personal Touch Ins & Benefits, LLC Health Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 24 / 2021  
**Transaction ID : 15968231**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. McConnaughey, John, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 805  
 City West Chester State OH Zip Code 45071-0805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 JRM & Associates Agency, Inc Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2021  
**Transaction ID : 15968242**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Lake Bellevue, Suite 100  
 City Bellevue State WA Zip Code 98005-2480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Tellesbo & Company Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 24 / 2021  
**Transaction ID : 15968251**  
 Amount of Each Receipt this Period 170.00  
 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 37 OF 85
	<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. Barrera, Rolando, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 N Shoreline Blvd  
 Suite 410  
 City Corpus Christi State TX Zip Code 78401-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 05 / 24 / 2021  
**Transaction ID : 15968253**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Gwin, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1396  
 City Irmo State SC Zip Code 29063-1396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeastern Insurance Consultants Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 05 / 25 / 2021  
**Transaction ID : 15968512**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tuthill, Glendae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 Old Greenville Rd  
 City Fayetteville State GA Zip Code 30215-5935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resource Seven Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 05 / 25 / 2021  
**Transaction ID : 15968513**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.00
<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 38 OF 85
	<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, Russell, Lee, SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8830 Buckskin Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2021

**Transaction ID : 15968514**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address PO BOX 2137

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2021

**Transaction ID : 15968516**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 101 Plaza East Blvd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2021

**Transaction ID : 15968518**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 85
	<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. Olson, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N. 203rd St, Suite 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2021  
**Transaction ID : 15968522**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Linneman, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 Rice Street Ste 200  
 City Saint Paul State MN Zip Code 55113-6825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Insurance Agency Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2021  
**Transaction ID : 15969128**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2021  
**Transaction ID : 15969131**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 85
	<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. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 Woodman Ave  
 Apt 303  
 City Sherman Oaks State CA Zip Code 91423-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jellyvision Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2021  
**Transaction ID : 15969132**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Rivera, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13201 N.W. Fwy. Suite 265  
 City Houston State TX Zip Code 77040-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2021  
**Transaction ID : 15969139**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Tretter, Robert, C., CLU, ChFC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6222 Spring Lake Drive  
 City Hamilton State OH Zip Code 45011-8189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Health Underwr Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2021  
**Transaction ID : 15969140**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 85
	<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. Mann, William, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14727 E Red Bayberry Ct  
 City Cypress State TX Zip Code 77433-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Compliance Office Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2021  
**Transaction ID : 15969144**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Cociu, Dorothy, M., RHU, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 26 / 2021  
**Transaction ID : 15969145**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hogeland, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N Central Ave Ninth Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt 05 / 26 / 2021  
**Transaction ID : 15969153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 85
	<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. Hollister, Deborah, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1556  
 City Stuart State FL Zip Code 34995-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hollister Insurance, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969720**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Brown, Carey, H., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway Suite 2750  
 City Atlanta State GA Zip Code 30328-6243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969726**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Tierney, Robert, J., HDHP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 Main Street, Ste. 200  
 City Meridian State ID Zip Code 83642-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compass Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969733**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.00
<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 43 OF 85
	<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. Jackson, Jerry, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 N. Maplewood Ave.  
 City Peoria State IL Zip Code 61606-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969736**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Schwartz, Matt, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 Breckenridge Lane, Suite 8A  
 City Louisville State KY Zip Code 40220-1462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schwartz Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969738**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hill, Donna, D., FLMI,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969740**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 85
	<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. Jennings, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Hathaway Pond Cir  
 City Rochester State MA Zip Code 02770-4135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts Association of Health Un Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969742**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Johnson, Suzanne, K., RHU, CEBS,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7621 Little Ave Suite 113  
 City Charlotte State NC Zip Code 28226-8402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969744**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**c. Singleton, Terry, , REBC,CFP,C,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 195579  
 City Winter Springs State FL Zip Code 32719-5579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 15969745**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Underhill, Elizabeth, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5951 Canoga Avenue  
 City Woodland Hills State CA Zip Code 91367-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 15969747**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Reddy, Michael, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 River Pointe Drive  
 City Elkhart State IN Zip Code 46514-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 15969748**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Blasman, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5210 Lewis Road, Suite 14  
 City Agoura Hills State CA Zip Code 91301-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970978**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<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 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ambro, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11704 Lackland Industrial Drive  
 City Saint Louis State MO Zip Code 63146-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970979**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Danzig, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11704 Lackland Industrial Drive  
 City Saint Louis State MO Zip Code 63146-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employers Committed To Control Health Occupation (for Individual) Vice President of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970980**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Wilson, Thomas, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-6824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970981**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<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 47 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hartman, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Airport North Office Park  
 City Fort Wayne State IN Zip Code 46825-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970983**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Petersen, Benjamin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 971  
 City Ridgefield State WA Zip Code 98642-0971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970990**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15970993**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 48 OF 85
<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. Gant, Tom, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 North Weinbach Avenue

City Evansville	State IN	Zip Code 47711-6006
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Schultheis Life & Health Agency	Occupation (for Individual) Agent
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

**Transaction ID : 15970994**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 1041 Old Cassatt Rd

City Berwyn	State PA	Zip Code 19312-1152
----------------	-------------	------------------------

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

Name of Employer (for Individual) Simkiss & Block	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

**Transaction ID : 15970997**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 214 West Main Street  
Suite 101

City Moorestown	State NJ	Zip Code 08057-2345
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

**Transaction ID : 15970999**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 49 OF 85
	<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. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott Drive  
 City Allen State TX Zip Code 75002-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971001**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2550 NE Douglas St  
 City Lees Summit State MO Zip Code 64064-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971002**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Whaley, Vicki, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 759  
 170 River Rock Rd  
 City Lewiston State CA Zip Code 96052-0759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vicki Whaley Ins Svcs. Occupation (for Individual) Health Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971011**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<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 50 OF 85
	<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. Lago, Julian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6671 W Indiantown Rd, Ste 50284

City Jupiter	State FL	Zip Code 33458-3991
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15971016**

Amount of Each Receipt this Period  
 85.00

Memo Item

**B. Crosby, Neil, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32110 Agoura Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15971024**

Amount of Each Receipt this Period  
 85.00

Memo Item

**C. Morrison, James, M., RHU,REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6096 Innovation Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2021  
**Transaction ID : 15971026**

Amount of Each Receipt this Period  
 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<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 51 OF 85
	<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. Lardiere, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Dyckman Place  
 City Basking Ridge State NJ Zip Code 07920-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971032**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 AIA  
 City Vero Beach State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971034**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Childers, Russell, B., CLU,ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1547  
 City Americus State GA Zip Code 31709-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971035**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.00
<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 52 OF 85
	<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. Reents, Joni, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10701 Melody Drive  
 Suite 320  
 City Northglenn State CO Zip Code 80234-4122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reents Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971036**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Maitland Center Pkwy  
 Ste 125  
 City Maitland State FL Zip Code 32751-4173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 15971039**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 Santa Fe St, #205  
 City Corpus Christi State TX Zip Code 78404-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR433061225427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<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 53 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schreder, Lynn, M.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5550 Wild Rose Lane  
 Suite 400  
 City West Des Moines State IA Zip Code 50266-5351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433076125427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Adams, Carla, , CBC, GBA,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Bridget Dr  
 City Marble Falls State TX Zip Code 78654-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433095025427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. McFerrin, Dwane, C., CLU, CFP,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433168125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	227.00
<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 54 OF 85
	<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. Brittain, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N. Mill  
 City Pryor State OK Zip Code 74361-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433214325427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Gerken, Barb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 Monroe Street Suite A  
 City Sylvania State OH Zip Code 43560-2538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433268325427**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Thams, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 Broadway  
 City Denison State IA Zip Code 51442-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR433308325427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<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 55 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ornellas, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 W. Court St.  
 City Woodland State CA Zip Code 95695-3080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR433463225427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Willison, Clover, Denise, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 Sprowel Creek Rd  
 City Garberville State CA Zip Code 95542-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR433468625427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Drake, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Gooding St N #106  
 City Twin Falls State ID Zip Code 83301-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Laura Drake Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR433504425427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<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 56 OF 85
<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. Coogan, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 North Bedford Road  
 Suite 100  
 City Mount Kisco State NY Zip Code 10549-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR433548025427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Schneider, JoEllen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2807 W Taft St  
 City Boise State ID Zip Code 83703-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Professionals Occupation (for Individual) Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR433791825427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave. NW, Ste 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436821425427**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.00
<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 57 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 210 North Campbell

City El Paso	State TX	Zip Code 79901-1406
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR436824525427**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 6102 82nd St, Bldg #6

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR436830325427**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address 7412 Karl Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR436838925427**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<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 58 OF 85
	<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. Wright, Keith, L., ChHC,CLU,R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 W Front St  
 Ste 4  
 City Traverse City State MI Zip Code 49684-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436848525427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Trebing, C. Louanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Patton Drive  
 City Garland State TX Zip Code 75042-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436856925427**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Mobley, Sandra, V., REBC,RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Executive Dr. Suite D  
 City Madison State MS Zip Code 39110-8456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobley Insurance Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436869325427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.00
<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 59 OF 85
	<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. Wilson, Paula, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31930 Daniel Way  
 City Temecula State CA Zip Code 92591-2129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436873525427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Stuart, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 484 E Carmel Dr Suite 358  
 City Carmel State IN Zip Code 46032-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436883325427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Spragins, Jackie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 2073  
 City Wichita Falls State TX Zip Code 76307-2073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436895325427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<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 60 OF 85
	<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. Booth, Tonya, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 275 W. Campbell Road  
 Suite 215 - LB 16  
 City Richardson State TX Zip Code 75080-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Upshaw Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436911025427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Stenger, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8926 Crown Colony Boulevard  
 City Fort Myers State FL Zip Code 33908-5627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436939925427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Seifert, Greg, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 NE 115th St.  
 City Vancouver State WA Zip Code 98686-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436941625427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<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 61 OF 85
	<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. Holland, Robert, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 698  
 City Centralia State WA Zip Code 98531-0698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR436961725427**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. Golm, Robert, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 S Main Street, Ste. 1  
 City Wayland State MI Zip Code 49348-1288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Golm Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR436976025427**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Monthly)

**C. Parker, John, C., RHU, LTCP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hope St Unit 1312  
 City Niantic State CT Zip Code 06357-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR436986825427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.00
<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 62 OF 85
	<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. Splawn, William, Craig, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Avenue C  
 City Katy State TX Zip Code 77493-2302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR436992825427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Fristoe, Kelly, Don, LUTCF, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4789  
 City Wichita Falls State TX Zip Code 76308-0789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437002325427**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Thorn, Ryan, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095-4538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437004025427**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 63 OF 85
<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. Buie, Scott, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4525 S 2300 E Ste 201  
 City Salt Lake City State UT Zip Code 84117-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437010525427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Gray, Michael, D., RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 South 13th Street, Suite 1650  
 City Lincoln State NE Zip Code 68508-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FNIC Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437016725427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**C. Olson, Terri, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 21479  
 City Keizer State OR Zip Code 97307-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437070225427**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

<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 64 OF 85
	<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. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5605 Storrow Court  
 Ste 535  
 City Warren State MI Zip Code 48092-6338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437076125427**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

**B. McEvilly, BRIAN, J., RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7260 West Azure Drive  
 #140-201  
 City Las Vegas State NV Zip Code 89130-7999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McEvilly Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437117725427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Benton, Bruce, D., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20300 Ventura Blvd  
 Suite 200  
 City Woodland Hills State CA Zip Code 91364-0959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437123025427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.00
<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 65 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Allard, Terry, , CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503-4040
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437182325427**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Debler, Johnnie, O., RHU, ChHC,,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1102 E. Laurel St.

City Rockport	State TX	Zip Code 78382-2815
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437196425427**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha	State NE	Zip Code 68154-5235
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Harry A. Koch Co	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437212225427**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.00
<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 66 OF 85
<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. Cooper, Catherine, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39500 High Pointe Blvd., Suite 400  
 City Novi State MI Zip Code 48375-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437218325427**  
 Amount of Each Receipt this Period 112.00  
 Memo Item  
 P/R Deduction (\$112.00 Monthly)

**B. Daubert, Jim, F., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 67220  
 City Lincoln State NE Zip Code 68506-7220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437219625427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Gardner, Joy, K., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9424 Double R Blvd  
 City Reno State NV Zip Code 89521-5977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comstock Insurance Agencies, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437231225427**  
 Amount of Each Receipt this Period 47.00  
 Memo Item  
 P/R Deduction (\$47.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	244.00
<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 67 OF 85
	<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. Rowe, Peter, L., CLU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 N. Central Ave  
Suite 810

City Phoenix State AZ Zip Code 85012-2804

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

Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437236925427**

Amount of Each Receipt this Period 170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

**B. Powers-Booth, Sandra, Lee, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4817 S. 175th Street

City Seatac State WA Zip Code 98188-3710

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

Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437264325427**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address #1 Galleria Blvd, Suite 1122

City Metairie State LA Zip Code 70001-2092

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437270525427**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

<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 68 OF 85
	<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. Summers, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City Omaha State NE Zip Code 68114-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR437281025427**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. Bell, Marie, D., FLMI,AIAA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 4th Ave S. #1500  
 City Minneapolis State MN Zip Code 55415-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR437323325427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Stiffler, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 N. Riverview Dr Suite 100  
 City Anaheim State CA Zip Code 92808-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR437326125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<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 69 OF 85
	<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. Bajkowski, Catherine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 Industrial Drive, Suite 226  
 City Elmhurst State IL Zip Code 60126-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437361125427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Thomas, Jeffery, C., CLU,RHU,RE,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3072 Arborwood Blvd.  
 City Spring Arbor State MI Zip Code 49283-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437385425427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Jensen, Cerrina, , CHRS, CBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 942 Rathbone Cir  
 City Folsom State CA Zip Code 95630-8534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Verus Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437391225427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.00
<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 70 OF 85
	<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. Cramer, Valerie, Lynn, RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Burgen Ct. NE

City Grand Rapids	State MI	Zip Code 49525-3979
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437416425427**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 7548 Preston Road

City Frisco	State TX	Zip Code 75034-5683
----------------	-------------	------------------------

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

Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437427225427**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 2670 Electric Road

City Roanoke	State VA	Zip Code 24018-3511
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Innovative Insurance Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437454925427**

Amount of Each Receipt this Period  
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

<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 71 OF 85
	<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. Stedt, Margaret, Evelyn, C.S.A., LP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

City San Clemente	State CA	Zip Code 92673-3003
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437529925427**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 22240 Deval Ln

City Frankston	State TX	Zip Code 75763-4037
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hibbs Hallmark & Company	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437544925427**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 5440 Mounes Street, Suite 112

City New Orleans	State LA	Zip Code 70123-3296
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : PR437562825427**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<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 72 OF 85
<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. Mobley, Dennis, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Executive Drive  
 Suite D  
 City Madison State MS Zip Code 39110-8456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mobley Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437587525427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Robinson, Judith, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 10071  
 City Tyler State TX Zip Code 75711-0071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437594125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Starks, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Highland Colony Parkway  
 Suite 202  
 City Ridgeland State MS Zip Code 39157-2086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437603125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<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 73 OF 85
	<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. Rasch, Tim, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19445 Westling Drive  
 City Oregon City State OR Zip Code 97045-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437606225427**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**B. Strouse, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437683125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Granado, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 Peoples, # 505  
 City Corpus Christi State TX Zip Code 78401-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437693225427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<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 74 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Melgoza, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9114 Adams Avenue  
 Ste 191  
 City Huntington Beach State CA Zip Code 92646-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR437701125427**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Webb, Yolanda, Marie, CHRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6117 Clover Ct.  
 City Chino State CA Zip Code 91710-5337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR437705625427**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Kirsch, Cara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10050 Regency Circle  
 Ste 300  
 City Omaha State NE Zip Code 68114-3721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR437731125427**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<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 75 OF 85
<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. Berry, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 69th St., A9A  
 City Lubbock State TX Zip Code 79424-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437737425427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Williams, Leslie, A., CHRIS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 Hilltop Drive Suite 5  
 City Redding State CA Zip Code 96002-0515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437742925427**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Edwards, Susan, Christensen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 S. Roop St.  
 City Susanville State CA Zip Code 96130-4336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR43775525427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<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 76 OF 85
	<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, John, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8414 N. Wall Street  
 Ste C  
 City Spokane State WA Zip Code 99208-6161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437775825427**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 N Main St  
 Suite 105  
 City Royal Oak State MI Zip Code 48067-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437778625427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Schell, Gregory, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 South Third Street  
 Suite 300  
 City Louisville State KY Zip Code 40202-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sterling Thompson Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : PR437797625427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.00
<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 77 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hediger, Debbie, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4907 Boynton Ct  
 City Tampa State FL Zip Code 33625-6622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R & R Integrated Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR437852425427**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Lubenow, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Alden Street Suite 8  
 City Cranford State NJ Zip Code 07016-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR470069125427**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**C. Waltman, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Doyle Road  
 City Wayne State PA Zip Code 19087-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : PR470100125427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<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 78 OF 85
	<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. Stevens, Kenneth, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 Bellemeade Ave  
 City Evansville State IN Zip Code 47715-4130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR496323825427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Wayt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 747 Winslow Ave  
 City Saint Paul State MN Zip Code 55107-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR528187225427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Nichols, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2888 Shadowlake Dr  
 City Oklahoma City State OK Zip Code 73159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : PR840269925427**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<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 79 OF 85  
(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  
Morgan, Christian, D., ,

Mailing Address 2200 W Commercial Blvd  
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2021

Transaction ID : PR891081425427

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19905.67

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 85
<input 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 checked="" 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  
**Friends Of Todd Young, Inc.**

Mailing Address P.O. Box 3743

City Carmel	State IN	Zip Code 46082
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00459255

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	27	/	2021

**Transaction ID : 15970502**

Amount of Each Receipt this Period  
1000.00

Memo Item

Refund from Donation

**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).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PayPal**

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 : 15974762**  
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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

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) <b>A. Schneider For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021
Mailing Address PO Box 1318		FEC Identification Number C00495952 <b>Transaction ID : 15865927</b>
City Deerfield	State IL	Zip Code 60015
Purpose of Disbursement event 5/4	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 event 5/4
Candidate Name <b>Schneider, Brad, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 10	

Full Name (Last, First, Middle Initial) <b>B. Kuster For Congress, Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021
Mailing Address PO Box 1498		FEC Identification Number C00462861 <b>Transaction ID : 15865929</b>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement event 5/5	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 event 5/5
Candidate Name <b>Kuster, Ann, McLane, Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NH District: 02	

Full Name (Last, First, Middle Initial) <b>C. Katherine Clark For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2021
Mailing Address PO Box 159		FEC Identification Number C00541888 <b>Transaction ID : 15865931</b>
City Belmont	State MA	Zip Code 02478
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Clark, Katherine, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MA District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<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**

**A. Sean Patrick Maloney For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement event 5/18

Candidate Name  
**Maloney, Sean, Patrick, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2021

FEC Identification Number

C C00512426

Transaction ID : 15865932

Amount of Each Disbursement this Period

1000.00

event 5/18

Memo Item

**B. Latta For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement 04/29 Event

Candidate Name  
**Latta, Bob, E., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: OH District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2021

FEC Identification Number

C C00438697

Transaction ID : 15865933

Amount of Each Disbursement this Period

1000.00

04/29 Event

Memo Item

**C. Blaine For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement 5/25: Luetkemeyer

Candidate Name  
**Luetkemeyer, Blaine, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2021

FEC Identification Number

C C00458679

Transaction ID : 15865935

Amount of Each Disbursement this Period

1000.00

5/25: Luetkemeyer

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Simpson For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Tuesday, May 11th, 2021

Candidate Name  
**Simpson, Mike, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: ID District: 02

Date of Disbursement: 05 / 06 / 2021

FEC Identification Number: C00331397  
**Transaction ID : 15865936**  
Amount of Each Disbursement this Period: 1000.00  
Tuesday, May 11th, 2021

Memo Item

**B. Angie Craig For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122

Purpose of Disbursement

Candidate Name  
**Craig, Angela, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: MN District: 02

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C00575209  
**Transaction ID : 15966671**  
Amount of Each Disbursement this Period: 3000.00

Memo Item

**C. SUSAN WRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 173485

City Arlington State TX Zip Code 76003

Purpose of Disbursement

Candidate Name  
**Wright, Susan, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: TX District: 06

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C00770420  
**Transaction ID : 15966673**  
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**

Full Name (Last, First, Middle Initial)

**A. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Mike Simpson Virtual Event Tuesday, May 11th, 2021

011  
Category/  
Type

Candidate Name  
**Simpson, Mike, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2021

FEC Identification Number

C C00331397

**Transaction ID : 15966674**

Amount of Each Disbursement this Period

1000.00

Memo Item Mike Simpson Virtual Event Tuesday, May 11th, 2021

Full Name (Last, First, Middle Initial)

**B. David Rouzer For Congress**

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
Thursday, May 27th- 10:30am Zoom

011  
Category/  
Type

Candidate Name  
**Rouzer, David, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)  
State: NC District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2021

FEC Identification Number

C C00501643

**Transaction ID : 15966675**

Amount of Each Disbursement this Period

1000.00

Memo Item Thursday, May 27th- 10:30am Zoom

Full Name (Last, First, Middle Initial)

**C. OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3743

City CARMEL State IN Zip Code 46082

Purpose of Disbursement  
1k Replacement Check

011  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2021

FEC Identification Number

C

**Transaction ID : 15966677**

Amount of Each Disbursement this Period

1000.00

Memo Item 1k Replacement Check

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

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

3000.00

16500.00