

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
08 01 2017

through

M M / D D / Y Y Y Y Y Y  
08 31 2017

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 / D D / Y Y Y Y Y Y  
09 06 2017

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
08		01		2017

To:

M M	/	D D	/	Y Y Y Y Y Y
08		31		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2017</td></tr></table>	Y	Y	Y	Y	Y	Y	2017							<table><tr><td colspan="6">166294.99</td></tr></table>	166294.99					
Y	Y	Y	Y	Y	Y															
2017																				
166294.99																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">255716.68</td></tr></table>	255716.68																		
255716.68																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">44146.00</td></tr></table>	44146.00						<table><tr><td colspan="6">423896.13</td></tr></table>	423896.13											
44146.00																				
423896.13																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">299862.68</td></tr></table>	299862.68						<table><tr><td colspan="6">590191.12</td></tr></table>	590191.12											
299862.68																				
590191.12																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">12835.23</td></tr></table>	12835.23						<table><tr><td colspan="6">303163.67</td></tr></table>	303163.67											
12835.23																				
303163.67																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">287027.45</td></tr></table>	287027.45						<table><tr><td colspan="6">287027.45</td></tr></table>	287027.45											
287027.45																				
287027.45																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
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)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	7

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).....	33037.50	242210.00
(ii) Unitemized .....	11108.50	181686.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44146.00	423896.13
(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) .....	44146.00	423896.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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)) .....	44146.00	423896.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44146.00	423896.13

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1424.73	12466.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1424.73	12466.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	288950.00
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 .....	910.50	1747.50
(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)).....	910.50	1747.50
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)) ..	12835.23	303163.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12835.23	303163.67

**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) .....	44146.00	423896.13
34. Total Contribution Refunds (from Line 28(d)) .....	910.50	1747.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43235.50	422148.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1424.73	12466.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1424.73	12466.17

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

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

FOR LINE NUMBER: PAGE 6 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Kite, William, , ,

Mailing Address PO Box 629

City

Roanoke

State

VA

Zip Code

24004-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D&amp;S Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2017

Transaction ID : 11440278

Amount of Each Receipt this Period

300.00



Memo Item

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

B. Wham, Scott, , ,

Mailing Address 145 E 5th Avenue

City

Conshohocken

State

PA

Zip Code

19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

Director of Compliance Services

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2017

Transaction ID : 11440334

Amount of Each Receipt this Period

500.00



Memo Item

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

C. Wham, Scott, , ,

Mailing Address 145 E 5th Avenue

City

Conshohocken

State

PA

Zip Code

19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

Director of Compliance Services

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2017

Transaction ID : 11440336

Amount of Each Receipt this Period

42.00



Memo Item

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

842.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Moore, David, R., ,

Mailing Address PO Box 1006

City  
Burlington

State  
NC

Zip Code  
27216-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David R. Moore, CLU & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : 11440353

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Bellman, Mark, , ,

Mailing Address 1250 Capitol of Texas Hwy S  
Bldg 1, Suite 400

City  
West Lake Hills

State  
TX

Zip Code  
78746-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : 11440356

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Musser, Ray, M., ,

Mailing Address 404 North Second Avenue, Suite E

City  
Upland

State  
CA

Zip Code  
91786-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ray Musser & Associates Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : 11440358

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

165.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Brannon, William, J., ,**

Mailing Address 2 Terrace Way, Suite B

City  
Greensboro

State  
NC

Zip Code  
27403-3663

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 02 / 2017

**Transaction ID : 11440359**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Christenson, Shawnee, , ,**

Mailing Address PO Box 16394

City  
Minneapolis

State  
MN

Zip Code  
55416-0394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crosstown Insurance

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

08 / 02 / 2017

**Transaction ID : 11440361**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. Kirkpatrick, Karen, L., ,**

Mailing Address 263 N Matteson Lake Road

City  
Bronson

State  
MI

Zip Code  
49028-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
On Your Mark Consulting

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 02 / 2017

**Transaction ID : 11440374**

Amount of Each Receipt this Period

113.00

☐ Memo Item

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

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

155.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Frizen, Bruce, , ,

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City  
Charlotte

State  
NC

Zip Code  
28226-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

L.E. Goodgame &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

Transaction ID : 11440778

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Shores, Thomas, E., ,

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

T.A. Shores Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

Transaction ID : 11440779

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

c. Schneider, Chad, P., ,

Mailing Address 111 W Illinois St  
5th Floor

City  
Chicago

State  
IL

Zip Code  
60654-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Code SixFour

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

Transaction ID : 11440780

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

172.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Meredith, Griffin, , ,**

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : 11440782**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 1907 B Mangrove Ave.

City  
Chico

State  
CA

Zip Code  
95926-2381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Warwick Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : 11440783**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Liechty, Brian, W., ,**

Mailing Address 120 East Washington Street

City  
Plymouth

State  
IN

Zip Code  
46563-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TCU Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : 11440787**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

212.00

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

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

FOR LINE NUMBER: PAGE 11 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Castleberry, Mike, R., ,**

Mailing Address 506 Holly St

City  
Little Rock

State  
AR

Zip Code  
72205-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthSCOPE Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2017

Transaction ID : 11440850

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Gwin, David, R., ,**

Mailing Address I-20 At Alpine Rd.  
AX-400

City  
Columbia

State  
SC

Zip Code  
29219-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BlueChoice HealthPlan

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  
08 / 04 / 2017

Transaction ID : 11440852

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Lewis, Carolyn, S., ,**

Mailing Address 12401 Folsom Blvd, Suite 324

City  
Rancho Cordova

State  
CA

Zip Code  
95742-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lewis Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2017

Transaction ID : 11440857

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

182.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Maceira, Luis, A., ,**

Mailing Address 587 Del Giorno Street

City  
Las Vegas

State  
NV

Zip Code  
89138-7501

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441167**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Harrington, Paula, , ,**

Mailing Address 1332 E Beltline Road

City  
Richardson

State  
TX

Zip Code  
75081-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harrington Insurance Solutions, LLC -

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441169**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Gussin, Craig, , ,**

Mailing Address 701 Palomar Airport Road #260

City  
Carlsbad

State  
CA

Zip Code  
92011-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Auerbach & Gussin Insurance and Financ

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441170**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

285.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Schulman, Jeff, , ,**

Mailing Address 2043 Birchwood Lane

City  
Highland

State  
IN

Zip Code  
46322-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ProVision Corporation

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441173**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Allumbaugh, Joel, C., ,**

Mailing Address 6 E. Chestnut St., Suite 520

City  
Augusta

State  
ME

Zip Code  
04330-5759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Worksite Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441174**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sherrill, David, M., ,**

Mailing Address 407 Centerpointe Circle, Suite 163

City  
Altamonte Springs

State  
FL

Zip Code  
32701-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sherrill Insurance Brokerage, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441175**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Moore, Robert, L., ,**

Mailing Address 1644 Plank Rd

City  
Duncansville

State  
PA

Zip Code  
16635-8376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.R. Webber Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441176**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Rianhard, R. Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City  
Baltimore

State  
MD

Zip Code  
21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441177**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Deru, Scott, E., ,**

Mailing Address PO Box 336

City  
Layton

State  
UT

Zip Code  
84041-0336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2017

**Transaction ID : 11441178**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

227.00

**SCHEDULE A (FEC Form 3X)**  
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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. Storz, Ulrich, S., ,

Mailing Address 987 University Avenue, #14

City  
Los GatosState  
CAZip Code  
95032-7640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Storz Insurance ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2017

Transaction ID : 11441184

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Webb, Charles, A., ,

Mailing Address 2670 Electric Rd

City  
RoanokeState  
VAZip Code  
24018-3511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2017

Transaction ID : 11441186

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Helbling, Consuelo, , ,

Mailing Address 541 N Fairbanks Ct  
Suite 2200City  
ChicagoState  
ILZip Code  
60611-3710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LegalShield Business SolutionsOccupation (for Individual)  
General Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

242.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2017

Transaction ID : 11441187

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

310.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Odegard, James, , ,**

Mailing Address 1 Central Ave West  
Suite 205

City  
Saint Michael

State  
MN

Zip Code  
55376-4593

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Odegard Benefit Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2017

Transaction ID : 11441188

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St  
Suite 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI Insurance and Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2017

Transaction ID : 11441189

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. DeBruin, Teresa, F., ,**

Mailing Address 5441 Edgerton Drive

City  
Peachtree Corners

State  
GA

Zip Code  
30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DeBruin Benefit Services, Inc./ The La

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

Transaction ID : 11441193

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

165.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Riedl, Alycia, , ,

Mailing Address 1600 Utica Ave S

City

Saint Louis Park

State

MN

Zip Code

55416-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Willis Towers Watson

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2017

Transaction ID : 11441195

Amount of Each Receipt this Period

30.00



Memo Item

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

B. Sautter, Robert, E., ,

Mailing Address 6330 S 3000 E, Suite 670

City

Salt Lake City

State

UT

Zip Code

84121-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Client Adviser

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2017

Transaction ID : 11441196

Amount of Each Receipt this Period

42.00



Memo Item

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

C. Boop, Deborah, R., ,

Mailing Address 145 North Chestnut Street  
Suite 202

City

Ravenna

State

OH

Zip Code

44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2017

Transaction ID : 11441197

Amount of Each Receipt this Period

30.00



Memo Item

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

102.00

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

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

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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. Pendorf, Paul, , ,**

Mailing Address 31666 W. Nine Dr.

City

Laguna Niguel

State

CA

Zip Code

92677-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Independent Financial Group LLC

Occupation (for Individual)

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

**Transaction ID : 11441198**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Griffin, Mary, , ,**

Mailing Address 14 Commerce Road

City

Newtown

State

CT

Zip Code

06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TR Paul, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

**Transaction ID : 11441200**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 8000 Bonhomme Ave., # 213

City

Saint Louis

State

MO

Zip Code

63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Bremer Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2017

**Transaction ID : 11441202**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

178.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441217**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**B. Balla, Donald, L., ,**

Mailing Address 1320 Grant Building

City

Pittsburgh

State

PA

Zip Code

15219-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Simpson & McCrady LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441218**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sullivan, Ashley, , ,**

Mailing Address PO Box 99565

City

Louisville

State

KY

Zip Code

40269-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Zandt Emrich and Cary

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441219**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

156.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City  
Dartmouth

State  
MA

Zip Code  
02747-1255

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441220**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Matsushita, David, , ,**

Mailing Address 25B Hanover Road Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441221**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Lucero, Juliet, Star, ,**

Mailing Address 2355 Crenshaw Blvd  
Suite 200

City

Torrance

State

CA

Zip Code

90501-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keenan & Associates

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441222**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

165.00

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

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

FOR LINE NUMBER: PAGE 21 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Deagle, Michael, P., ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441224

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Pendergraft, Ross, W., ,**

Mailing Address 21820 Burbank Blvd,  
North Building, Suite 300

City  
Woodland Hills

State  
CA

Zip Code  
91367-6476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441225

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Graves, Matthew, , ,**

Mailing Address 1115 Taylor Ave North  
Suite 112

City  
Grand Rapids

State  
MI

Zip Code  
49503-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lighthouse Insurance Group

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441228

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

315.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 2950 Breckenridge Lane, Suite 8

City  
Louisville

State  
KY

Zip Code  
40220-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schwartz Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441229**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Fairbairn, Nicole, , ,**

Mailing Address 8069 Little Circle Road

City  
Noblesville

State  
IN

Zip Code  
46060-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Insurance Concepts Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441230**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Garven, John, P., ,**

Mailing Address P. O. Box 8  
11715 East Main Street -

City  
Huntley

State  
IL

Zip Code  
60142-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benico, LTD

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441232**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

157.00

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

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

FOR LINE NUMBER: PAGE 23 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buyalos, Joseph, W., ,**

Mailing Address 9713 Key West Ave, Suite 401

City  
Rockville

State  
MD

Zip Code  
20850-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Insurance Exchange, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441233

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Burgee, David, , ,**

Mailing Address P O Box 415  
96 S. Howell St

City  
Hillsdale

State  
MI

Zip Code  
49242-0415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Burgee Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441239

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Mordo, David, , ,**

Mailing Address 15 Main St

City  
Holmdel

State  
NJ

Zip Code  
07733-2105

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441245

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

235.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Jones, Alan, L., ,

Mailing Address 3420 Pump Road, #144

City  
Richmond

State  
VA

Zip Code  
23233-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TPA Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441247

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Hoffman, Crystal, , ,

Mailing Address P.O. Box 709

City  
Sugar Land

State  
TX

Zip Code  
77487-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Concepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441253

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Wilcox, David, V., ,

Mailing Address 195 River Vista Place  
Suite 206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Insurance, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2017

Transaction ID : 11441315

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1037.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McClaskey, Barbara, A., ,**

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 ▼

394.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441323**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Gehrki, A. Allen, , ,**

Mailing Address 105 Decker Court

City  
Irving

State  
TX

Zip Code  
75062-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Unifyhr.com

Occupation (for Individual)

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441540**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Combs, Susan, L., ,**

Mailing Address 234 Fifth Ave  
Ste 308

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 ▼

414.00

Date of Receipt

08 / 08 / 2017

**Transaction ID : 11441544**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buechler, Anthony, C, ,**

Mailing Address 1203 Colonial Circle

City  
Papillion

State  
NE

Zip Code  
68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buechler Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441555

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Maichel, Scott, , ,**

Mailing Address 4180 La Jolla Village Drive  
Suite 450

City  
La Jolla

State  
CA

Zip Code  
92037-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AmCheck

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441556

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Eserman, Clifton, W., ,**

Mailing Address 2435 N Dixie Hwy

City  
Wilton Manors

State  
FL

Zip Code  
33305-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Incompas Financial, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441558

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Wong, William, W., ,

Mailing Address 43 Waverly Place

City

San Francisco

State

CA

Zip Code

94108-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bill Wong &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441560

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Buffington, Tammy, , ,

Mailing Address 3112 South 13th

City

Lincoln

State

NE

Zip Code

68502-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A+ Brokerage

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441561

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Snowden, Scott, D., ,

Mailing Address 812 Lyndon Lane, Suite 101

City

Louisville

State

KY

Zip Code

40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Snowden &amp; Associates, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2017

Transaction ID : 11441565

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Blomgren, Laura, , ,**

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 ▼

210.00

Date of Receipt

08 / 09 / 2017

**Transaction ID : 11441566**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Rice, Lori, R., ,**

Mailing Address 3611 Paesanos Pkwy  
Ste 100

City  
San Antonio

State  
TX

Zip Code  
78231-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2017

**Transaction ID : 11441567**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Forshee, Dee, , ,**

Mailing Address 203 E Main #B

City  
Union

State  
MO

Zip Code  
63084-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Senior Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2017

**Transaction ID : 11441568**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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<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**

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

**A. Ayers, Randolph, J., ,**

Mailing Address 4151 Executive Pkwy, Suite 210

City  
WestervilleState  
OHZip Code  
43081-3872FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National United Brokers Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	D D	Y Y Y Y
08	09	2017

**Transaction ID : 11441571**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Christian, Brad, L., ,**

Mailing Address PO Box 188

City  
ClatoniaState  
NEZip Code  
68328-0188FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & InvestmentsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	D D	Y Y Y Y
08	09	2017

**Transaction ID : 11442325**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Sklar, Erika, , ,**

Mailing Address 1415 Walton Blvd

City  
Rochester HillsState  
MIZip Code  
48309-1775FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tim Crawford Insurance Agency, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M	D D	Y Y Y Y
08	10	2017

**Transaction ID : 11442345**

Amount of Each Receipt this Period

63.00

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

628.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Weilmuenster, Alexis, , ,**

Mailing Address 585 Grove St  
Suite 145

City  
Herndon

State  
VA

Zip Code  
20170-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 10 / 2017

**Transaction ID : 11442347**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 5080 Spectrum Dr #700E

City  
Addison

State  
TX

Zip Code  
75001-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Next Level Insurance Agency

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 10 / 2017

**Transaction ID : 11442351**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Stockstill, Julia Beckie, , ,**

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 ▼

336.00

Date of Receipt

08 / 10 / 2017

**Transaction ID : 11442353**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

157.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

Health Underwriters Political Action Committee

FEC Schedule A (Form 3X) Rev. 06/2016

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Sterner, Heidi, J., ,**

Mailing Address 7881 W Charleston Blvd Suite 140

City  
Las Vegas

State  
NV

Zip Code  
89117-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group Benefits Services

Occupation (for Individual)  
Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 11 / 2017

**Transaction ID : 11442677**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Stewart, Diana, , ,**

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 11 / 2017

**Transaction ID : 11442680**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Buza, Raymond, F., ,**

Mailing Address 214 East Lakewood Road

City  
West Palm Beach

State  
FL

Zip Code  
33405-3316

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 ▼

240.00

Date of Receipt

08 / 12 / 2017

**Transaction ID : 11442979**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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**

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

**A. Girdler, Richard, R., ,**

Mailing Address 5110 Maryland Way, Suite 250

City  
BrentwoodState  
TNZip Code  
37027-7508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cowan, a Division of HUB InternationalOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : 11442980**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Wolfe, Rosanne, , ,**

Mailing Address PO Box 17236

City  
TucsonState  
AZZip Code  
85731-7236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wolfe Insurance & Consultants, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : 11442982**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Van Nest, John, David, ,**

Mailing Address 18943 Sara Park Circle

City  
SaratogaState  
CAZip Code  
95070-4168FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Nest Ventures IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2017

**Transaction ID : 11442986**

Amount of Each Receipt this Period

30.00

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

185.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Skinner, Douglas, , ,

Mailing Address PO Box 1277

City  
Bloomington

State  
IN

Zip Code  
47402-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Dental Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2017

Transaction ID : 11442990

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Gertz, Josh, , ,

Mailing Address 353 N Clark Street

City  
Chicago

State  
IL

Zip Code  
60654-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mesirow Financial

Occupation (for Individual)  
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2017

Transaction ID : 11442993

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2017

Transaction ID : 11442994

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Johnson, David, S., ,**

Mailing Address 12138 Big Canoe

City  
Big Canoe

State  
GA

Zip Code  
30143-5157

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2017

**Transaction ID : 11443000**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Primark, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2017

**Transaction ID : 11443007**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**c. Munger, David, , ,**

Mailing Address 3312 W. Magistrate Loop

City  
Hayden

State  
ID

Zip Code  
83835-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Munger Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2017

**Transaction ID : 11443013**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

230.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Kiebler, John, , ,

Mailing Address 2530 Sir Barton Way, Suite 100

City  
Lexington

State  
KY

Zip Code  
40509-2275

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : 11443017

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Johnson, John, P., ,

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : 11443018

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Blakely, Russ, , ,

Mailing Address PO Box 11310

City  
Chattanooga

State  
TN

Zip Code  
37401-2310

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 ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : 11443019

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

165.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Daugherty, Cathy, M., ,**

Mailing Address 1122 East Lincoln Avenue  
Suite 203

City  
Orange

State  
CA

Zip Code  
92865-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bridge Port Benefits

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 13 / 2017

**Transaction ID : 11443021**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Schiebel & Associates, LLC dba Shopben

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 13 / 2017

**Transaction ID : 11443023**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

Mailing Address 40 E. McDermott

City  
Allen

State  
TX

Zip Code  
75002-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The DI Center

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

08 / 13 / 2017

**Transaction ID : 11443024**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Evans, Joseph, M., ,**

Mailing Address 4920 Pleasant St.  
Suite 3

City

West Des Moines

State

IA

Zip Code

50266-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colonial Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : 11443027

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. **Lee, Philip, W., ,**

Mailing Address 935 Moraga Road  
Suite 240

City

Lafayette

State

CA

Zip Code

94549-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BLIS Corp. dba Lee Health Insurance Se

Occupation (for Individual)

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443030

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Scott, John, Thomas, ,**

Mailing Address 2180 American Flyer Way

City

Brooksville

State

FL

Zip Code

34604-6829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

E-TeleQuote

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443031

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Smith, Michael, David, ,**

Mailing Address 233 West Main Street

City  
Lewisville

State  
TX

Zip Code  
75057-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Brokerage Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443034

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. **Lorsch, Debbie, , ,**

Mailing Address 3601 Algonquin Road, Suite 615

City  
Rolling Meadows

State  
IL

Zip Code  
60008-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Funding, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443035

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Webb, Amy, R., ,**

Mailing Address 7 E. Main Street  
Suite 200

City  
Moorestown

State  
NJ

Zip Code  
08057-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Saratoga Benefit Services, LLC.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443037

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Castellani, Lorelei, G., ,**

Mailing Address PO Box 905

City

Branchville

State

NJ

Zip Code

07826-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Guidance Systems

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443039

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Schaut, Ned, W., ,**

Mailing Address 2990 Lava Ridge Court, Suite 210

City

Roseville

State

CA

Zip Code

95661-3076

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eureka Insurance Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443040

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. Selby, John, , ,**

Mailing Address 25B Hanover Road  
Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Savoy Associates

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443041

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

72.00



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Jacquet, Tara, , ,

Mailing Address 2480 North Decatur #140

City

Las Vegas

State

NV

Zip Code

89108-2988

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Branch Benefits Consultants

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443044

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Powers, Jason, A., ,

Mailing Address 8346 Redbird St

City

Shawnee

State

KS

Zip Code

66227-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Legacy Brokers, LLC

Occupation (for Individual)

Employee Benefits Specialist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443045

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

C. Jones, Cynthia, M., ,

Mailing Address 24223 English Rose Place

City

Valencia

State

CA

Zip Code

91354-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Dickerson Employee Benefits

Occupation (for Individual)

Marketing Director

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443046

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

94.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Wolfman, Susan, , ,**

Mailing Address 1 Knollwood Ter

City  
Randolph

State  
NJ

Zip Code  
07869-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Susan Wolfman Consulting, LLC

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443047

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. **Hopwood, Kymberly, J., ,**

Mailing Address 530 Water Street, 7th Floor

City  
Oakland

State  
CA

Zip Code  
94607-3524

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443048

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. **Munger, David, , ,**

Mailing Address 3312 W. Magistrate Loop

City  
Hayden

State  
ID

Zip Code  
83835-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Munger Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443061

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

215.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Wolfe, Rosanne, , ,

Mailing Address PO Box 17236

City  
TucsonState  
AZZip Code  
85731-7236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wolfe Insurance & Consultants, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2017

Transaction ID : 11443063

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Carter, Lori, , ,

Mailing Address 27 Locksley Place

City  
ForestState  
VAZip Code  
24551-4149FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Piedmont Community Heath Plan, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11443711

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Manning, Richard, K., ,

Mailing Address 10315 Woodley Avenue, #131

City  
Granada HillsState  
CAZip Code  
91344-6953FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11443712

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

427.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Gant, Tom, , ,

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 ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11443713

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Easterling, Sy, , ,

Mailing Address 213 Porter Ave

City  
Biloxi

State  
MS

Zip Code  
39530-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stewart Sneed Hewes/BancorpSouth Insur

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11443714

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Matznick, Michael, E., ,

Mailing Address 3150 N. Elm Street  
Suite 201

City  
Greensboro

State  
NC

Zip Code  
27408-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EbenConcepts Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11443717

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

172.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hain, Erica, R., ,**

Mailing Address 1995 Point Township Drive

City  
Northumberland

State  
PA

Zip Code  
17857-8856

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2017

Transaction ID : 11449243

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Waren, M. Hughes, , ,**

Mailing Address P.O. Box 7661

City  
Wilmington

State  
NC

Zip Code  
28406-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449249

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hynes, Bernard, J., ,**

Mailing Address 2999 N. 44th Street Suite 325

City  
Phoenix

State  
AZ

Zip Code  
85018-7259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hynes Benefits Consulting, LLC

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449251

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

160.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Phillips, Paige, W., ,**

Mailing Address 1434 Hwy 301

City  
Calera

State  
AL

Zip Code  
35040-5466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AWM, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449255

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. **Powell, Brooks, , ,**

Mailing Address PO Box 1379

City  
Danville

State  
VA

Zip Code  
24543-1379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Designed Benefits of Virginia, Inc.

Occupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449263

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Zavala, Tony, , ,**

Mailing Address 4200 S. Hulen Sreet, # 330

City  
Fort Worth

State  
TX

Zip Code  
76109

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 ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449264

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

143.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Whaley, Vicki, Lee, ,

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449265

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Wood, Lynnette, , ,

Mailing Address 4730 Business Park Blvd., H-16

City

Anchorage

State

AK

Zip Code

99503-7137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ANI

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449267

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Huss, Janine, D., ,

Mailing Address 4100 Regent St Suite S

City

Columbus

State

OH

Zip Code

43219-6194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SingleCare

Occupation (for Individual)

Sr. Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449268

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Owens, David, Patrick, ,

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 ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449272

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Bergstrom, Christian, , ,

Mailing Address 300 1st Avenue South,#500

City

Saint Petersburg

State

FL

Zip Code

33701-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wallace Welch & Willingham, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11449273

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Vetter, Leah, M., ,

Mailing Address 10050 Regency Circle  
Suite 300

City

Omaha

State

NE

Zip Code

68114-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthur J. Gallagher

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2017

Transaction ID : 11486988

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

670.00

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



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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Tompkins, Daniel, R., ,**

Mailing Address 1720 Windward Concourse  
Suite 290

City  
Alpharetta

State  
GA

Zip Code  
30005-2291

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2017

Transaction ID : 11486992

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Brooks, Mark, , ,**

Mailing Address P.O. Box 10876

City

Lynchburg

State

VA

Zip Code

24506-0876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Design Financial Services, In

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2017

Transaction ID : 11486993

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Rose, Vincent, J., ,**

Mailing Address 620 South Lake Street

City

Marquette

State

MI

Zip Code

49855-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
44North

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2017

Transaction ID : 11486994

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

Use separate schedule(s)  
for each category of the  
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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. Lamberth, Mark, J., ,**

Mailing Address 2236 Broadhead Pl

City  
Lexington

State  
KY

Zip Code  
40515-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capstone Administrators

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 17 / 2017

**Transaction ID : 11486995**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. Fitzgerald, Robert, Mark, ,**

Mailing Address 675 N. Highland Ave NE  
# 427

City  
Atlanta

State  
GA

Zip Code  
30306-4685

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

08 / 18 / 2017

**Transaction ID : 11487357**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Cogdill, Barry, , ,**

Mailing Address 4710 4th Street  
Ste. 300

City  
La Mesa

State  
CA

Zip Code  
91941-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Business Choice Insurance Services

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2017

**Transaction ID : 11487360**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

205.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Crosby, Neil, R., ,**

Mailing Address 32110 Agoura Road

City  
Westlake Village

State  
CA

Zip Code  
91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance Services

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2017

**Transaction ID : 11487361**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Scott, Nicole, , ,**

Mailing Address 6200 Northwest Pkwy

City  
San Antonio

State  
TX

Zip Code  
78249-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2017

**Transaction ID : 11487366**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 3800 North Central Avenue  
9th Floor

City  
Phoenix

State  
AZ

Zip Code  
85012-1979

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

742.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2017

**Transaction ID : 11487370**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Friedman, Peter, A., ,**

Mailing Address PO Box 5125

City  
Culver City

State  
CA

Zip Code  
90231-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedman & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2017

**Transaction ID : 11487494**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Niederman, Tammy, Lyn, ,**

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)  
Colorado Choice Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2017

**Transaction ID : 11487496**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Johnson, Sandra, , ,**

Mailing Address 12500 Network Blvd, # 403

City  
San Antonio

State  
TX

Zip Code  
78249-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hairston, Johnson & Associates, PLLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2017

**Transaction ID : 11487498**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McKittrick, Kristin, , ,**

Mailing Address 4020 Danley Drive

City  
Rapid City

State  
SD

Zip Code  
57702-6893

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mountain Plains Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2017

**Transaction ID : 11487499**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. McDermott, H., Luke, ,**

Mailing Address 883 West Baxter Drive

City  
South Jordan

State  
UT

Zip Code  
84095-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McDermott Company & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 19 / 2017

**Transaction ID : 11487505**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Meyhoff, Jennifer, , ,**

Mailing Address 1031 W 4th Ave., Ste 400

City  
Anchorage

State  
AK

Zip Code  
99501-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marsh & McLennan Agency LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 19 / 2017

**Transaction ID : 11487506**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Pittman, Joseph, E., ,**

Mailing Address P O Box 24133

City  
Omaha

State  
NE

Zip Code  
68124-0133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Association Management

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 19 / 2017

**Transaction ID : 11487507**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. Ward, Michael, , ,**

Mailing Address 3219 E. Camelback Road  
#569

City  
Phoenix

State  
AZ

Zip Code  
85018-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerging Benefits Consultants, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

08 / 19 / 2017

**Transaction ID : 11487508**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Patton, Lee, R., ,**

Mailing Address 1112 Maple Street

City  
West Des Moines

State  
IA

Zip Code  
50265-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associations Marketing Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 20 / 2017

**Transaction ID : 11488621**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

107.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Martin, Ingrid, L., ,**

Mailing Address 3857 Grand Oak Drive

City  
Brunswick

State  
OH

Zip Code  
44212-3594

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ameritas

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 20 / 2017

Transaction ID : 11488622

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Gadinas, Kathy, M., ,**

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 ▼

395.00

Date of Receipt

08 / 20 / 2017

Transaction ID : 11488626

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Mann, William, D., ,**

Mailing Address PO Box 691967

City  
Houston

State  
TX

Zip Code  
77269-1967

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 ▼

336.00

Date of Receipt

08 / 20 / 2017

Transaction ID : 11488629

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Stubbs, Clifton, , ,**

Mailing Address 11308 Blackhawk Dr.

City  
Frisco

State  
TX

Zip Code  
75033-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2017

Transaction ID : 11488631

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. **Lawson, Andrew, , ,**

Mailing Address 2420 Lake Vista Court  
Suite 114

City  
Casselberry

State  
FL

Zip Code  
32707-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2017

Transaction ID : 11488637

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. **Lucas, William, H., ,**

Mailing Address PO Box 1089

City  
Richmond Hill

State  
GA

Zip Code  
31324-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bill Lucas & Associates Insurance

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2017

Transaction ID : 11488640

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cochran, Irene, C., ,**

Mailing Address 1200 Hwy 74 S  
Suite 6-222

City  
Peachtree City

State  
GA

Zip Code  
30269-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BeneSource, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2017

**Transaction ID : 11488646**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Phillips, Mark, , ,**

Mailing Address 165 Churchill Ct.

City

Fayetteville

State

GA

Zip Code

30214-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent Insurance Broker

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2017

**Transaction ID : 11488657**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**C. Peterson-Scott, Wendi, , ,**

Mailing Address 8204 South 109 Street

City

Lavista

State

NE

Zip Code

68128-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Professionals, Inc.

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2017

**Transaction ID : 11488661**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

695.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ritter, William, L., ,**

Mailing Address 138 W. Main Street, Suite 200

City  
Williamston

State  
NC

Zip Code  
27892-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triangle Planning Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 21 / 2017

**Transaction ID : 11488678**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 25B Hanover Rd., Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 21 / 2017

**Transaction ID : 11488680**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Combs, Susan, L., ,**

Mailing Address 234 Fifth Ave  
Ste 308

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 ▼

456.00

Date of Receipt

08 / 21 / 2017

**Transaction ID : 11488682**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

192.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Van Der Sommen, Jean, , ,**

Mailing Address 4940 North River Drive

City  
Cumming

State  
GA

Zip Code  
30041-9495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employer Advisors Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2017

Transaction ID : 11488686

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Goodman, Robert, Hiram, ,**

Mailing Address 1901 6th Avenue North  
Suite 1720

City  
Birmingham

State  
AL

Zip Code  
35203-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regions Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488948

Amount of Each Receipt this Period

42.00

☐ Memo Item

Member Contribution

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

**C. Singleton, Terry, , ,**

Mailing Address 1773 Owasco Street

City  
Winter Springs

State  
FL

Zip Code  
32708-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sihle Insurance Group

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488949

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

492.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stevenson, Kenneth, Thomas, ,**

Mailing Address 3131 Lonnbladh Road

City  
Tallahassee

State  
FL

Zip Code  
32308-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Earl Bacon Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488951

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Leavitt, Scott, A., ,**

Mailing Address 12988 W. Paint Dr.

City  
Boise

State  
ID

Zip Code  
83713-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scott Leavitt Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488952

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Bergsma, Lori, , ,**

Mailing Address Balanced Rock Insurance  
643 Canyon Drive

City  
Twin Falls

State  
ID

Zip Code  
83301-3014

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488955

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1550 Liberty Ridge Drive  
Suite 250

City  
Chesterbrook

State  
PA

Zip Code  
19087-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radnor Benefits Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : 11488957**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Henry, Thomas, L., ,**

Mailing Address 19310 Sonoma Highway, #A

City

Sonoma

State

CA

Zip Code

95476-5454

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : 11488958**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Mathern, Donald, L., ,**

Mailing Address 7650 Cherrywood Drive

City

Boise

State

ID

Zip Code

83704-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialists

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2017

**Transaction ID : 11488960**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Ranf, Jeff, A., ,

Mailing Address 3800 Centerpoint Drive  
Suite 540

City  
Anchorage

State  
AK

Zip Code  
99503-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USI Insurance Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488963

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Wild, Trei, , ,

Mailing Address 3724 Hearst Castle Way

City  
Plano

State  
TX

Zip Code  
75025-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protect Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488964

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Spiess, David, J., ,

Mailing Address 1760 Manley Road

City  
Maumee

State  
OH

Zip Code  
43537-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SeaGate Benefits

Occupation (for Individual)  
Health Insurance Specialist Independen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488969

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

157.00

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

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

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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. Theesfeld, Angela, A.,**

Mailing Address 403 Toyah Brk

City  
San Antonio

State  
TX

Zip Code  
78258-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488971**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Eckard, Brenda, A.,**

Mailing Address 130 North 25th Street

City  
Fort Dodge

State  
IA

Zip Code  
50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488972**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Boaz, Daniel, J.,**

Mailing Address 5565 Roberts Drive  
Suite 100

City  
Atlanta

State  
GA

Zip Code  
30338-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthLife Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488973**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Coburn, Richard, P., ,**

Mailing Address 19 Minor Court

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Word and Brown

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488975**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Griffey, Don, R., ,**

Mailing Address 56294 Prim Rose Circle

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hailey-Campbell, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488976**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Jeffs, Deborah, , ,**

Mailing Address 2458 Newport Blvd.

Suite 205

City

Costa Mesa

State

CA

Zip Code

92627-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Progressive Benefit Managers

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 22 / 2017

**Transaction ID : 11488979**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Lindsay, Robert, , ,

Mailing Address 220 Emerson Place

City  
Davenport

State  
IA

Zip Code  
52801-1624

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488982

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Lindstrom, Betty, J., ,

Mailing Address PO Box 4026

City  
Felton

State  
CA

Zip Code  
95018-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindstrom Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11488983

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Molthen, Kimberley, , ,

Mailing Address 5500 Cherokee Avenue, Suite 300

City  
Alexandria

State  
VA

Zip Code  
22312-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marsh & McLennan Agency, LLC

Occupation (for Individual)  
Employee Benefits Consultant & Vice Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

Transaction ID : 11489112

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

200.00

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

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

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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. Wilson, Thomas, R., ,

Mailing Address 701 Lamar

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489118

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Knight, Ronald David, , ,

Mailing Address PO Box 507

City  
Carrollton

State  
GA

Zip Code  
30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. Smith Lanier & Co., Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489119

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

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

C. Kohlsdorf, Eric, , ,

Mailing Address 1501 Ingersoll Ave  
Suite 200

City  
Des Moines

State  
IA

Zip Code  
50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prisma Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489120

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

255.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McLeod, Paul, , ,**

Mailing Address 3620 Wheat St.

City  
Columbia

State  
SC

Zip Code  
29205-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489121**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Address, Carolyn, Marie, ,**

Mailing Address 1512 Highway 138

City  
Wall

State  
NJ

Zip Code  
07719-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HUB International

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489122**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 28638 Oak Point Drive

City  
Farmington Hills

State  
MI

Zip Code  
48331-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Plan

Occupation (for Individual)

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

733.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489123**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Robinson, William, D., ,**

Mailing Address 739 East Jackson Street

City  
Martinsville

State  
IN

Zip Code  
46151-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NewDay! Marketing

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489124**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. McFarland, Dawn, R., ,**

Mailing Address 19509 Haynes St

City  
Reseda

State  
CA

Zip Code  
91335-5729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

M & M Benefit Solutions Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489126**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**C. Todd, Richard, H., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Todd Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489130**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

84.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Todd, David, , ,

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489131

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Miller, Jean, M., ,

Mailing Address 208 N Mill

City  
Tulsa

State  
OK

Zip Code  
74361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brown & Brown Agency of Insurance Prof

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489133

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Ackerman, Mark, K., ,

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489134

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

157.00

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

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

Use separate schedule(s)  
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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. Berger, Stephanie, , ,**

Mailing Address 79 Daily Dr #276

City  
Camarillo

State  
CA

Zip Code  
93010-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489138**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Blain, Bradford, H., ,**

Mailing Address AI Torstrick Insurance Agency, Inc  
343 Waller Av

City  
Lexington

State  
KY

Zip Code  
40504-2912

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489139**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fogle, Albert, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northrim Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

444.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489143**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

72.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Gennaro, Jeffrey, Wm., ,

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

City  
Glendale

State  
AZ

Zip Code  
85310-3292

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489144

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Hebert, Hedy, S., ,

Mailing Address 390 Plaza Loop.

City

Bossier City

State

LA

Zip Code

71111-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489145

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Helms, John, S., ,

Mailing Address 2940 Camino Diablo  
# 205

City

Walnut Creek

State

CA

Zip Code

94597-3992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Helms Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489147

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

200.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hill, Donna, D., ,**

Mailing Address 2905 Premiere Parkway  
Suite 285

City  
Duluth

State  
GA

Zip Code  
30097-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E2E Benefits Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489148

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. King, Carolyn, J., ,**

Mailing Address 6 Country Lane

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolyn J King Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489149

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. McClaskey, Barbara, A., ,**

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 ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489151

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

157.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Ming, James, , ,

Mailing Address P.O. Box 621

City  
Union

State  
MO

Zip Code  
63084-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Senior Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489152

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Rash, Susan, Maley, ,

Mailing Address 2108 West Laburnum Avenue, Suite 3

City  
Richmond

State  
VA

Zip Code  
23227-4300

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1535.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489153

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. Reeves, Valerie, , ,

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 ▼

436.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489154

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

192.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rice, Russell, Lee, ,**

Mailing Address 8000 IH-10 West, # 715

City  
San Antonio

State  
TX

Zip Code  
78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489156**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Simmang, Michael, John, ,**

Mailing Address 143 E Austin St

City  
Giddings

State  
TX

Zip Code  
78942-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Nitsche Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489157**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Strong, Cameron, F., ,**

Mailing Address 2565 Dexter Ave. N  
# 502

City  
Seattle

State  
WA

Zip Code  
98109-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489158**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

125.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489160**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

**B. Todd, Helen, M., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489162**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Wynkoop Kapostins, Ashley, , ,**

Mailing Address 255 Primera Blvd, Suite 264

City  
Lake Mary

State  
FL

Zip Code  
32746-2148

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 ▼

336.00

Date of Receipt

08 / 23 / 2017

**Transaction ID : 11489164**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

242.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Hall, Dwight, , ,

Mailing Address 6107 Hazelwood Ave.

City  
Indianapolis

State  
IN

Zip Code  
46228-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D Hall & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489166

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Thal, Harry, P., ,

Mailing Address 11006 Kernville Rd. #1

City  
Kernville

State  
CA

Zip Code  
93238-9765

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489167

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Bartlein, Randall, J., ,

Mailing Address 22465 Panther Loop

City  
Bradenton

State  
FL

Zip Code  
34202-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Suncoast Benefits & Analytics

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489170

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

127.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Baskett, John, , ,

Mailing Address 2601C Blanding Ave #222

City  
Alameda

State  
CA

Zip Code  
94501-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Baskett Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489174

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Braner, Jodie, E., ,

Mailing Address 5 Concourse Parkway  
18th Floor

City  
Atlanta

State  
GA

Zip Code  
30328-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489175

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Copeland, Bob, , ,

Mailing Address 700 Larkspur Landing Circle, Suite

City  
Larkspur

State  
CA

Zip Code  
94939-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489178

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

145.00

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

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

Use separate schedule(s)  
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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. Goodwin, Carolyn, L., ,**

Mailing Address 12740 Hillcrest Road  
Suite 275

City  
Dallas

State  
TX

Zip Code  
75230-7129

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489182**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Griffey, Patricia, A., ,**

Mailing Address 17535 Generations Dr

City

South Bend

State

IN

Zip Code

46635-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Healy Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489183**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Howard, Michelle, S., ,**

Mailing Address 2850 West Grand Boulevard

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489185**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

215.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Embry, Michael, A., ,**

Mailing Address 26555 Evergreen Road  
Suite 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489187

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**B. Embry, Jeanne, A., ,**

Mailing Address 26240 Wacker Drive

City

Chesterfield

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489188

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stubbs, Guy, , ,**

Mailing Address PO Box 337

City

Jerome

State

ID

Zip Code

83338-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hall and Associates

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489189

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

475.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Thrash, Rachel, B., ,

Mailing Address 214 Milam Street

City  
ShreveportState  
LAZip Code  
71101-3226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Querbes & Nelson A PartnershipOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489190

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Pennington, William, H., ,

Mailing Address 4640 Woodbridge Drive

City  
KernersvilleState  
NCZip Code  
27284-8850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington Associates Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489192

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Perry, Jeff, , ,

Mailing Address P O Box 51019

City  
Idaho FallsState  
IDZip Code  
83405-1019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Hartwell CorporationOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489193

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rock, Deidre, Dover, ,**

Mailing Address P.O. Box 151

City  
Camilla

State  
GA

Zip Code  
31730-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dover Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489194

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Stacy, Dustin, , ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489196

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Wickizer, Chris, Otto, ,**

Mailing Address 16619 74th Ave NE

City  
Kenmore

State  
WA

Zip Code  
98028-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chris Wickizer Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489198

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Westmoreland, Charles, L., ,**

Mailing Address 532 Cloifview Drive

City  
Brandon

State  
MS

Zip Code  
39047-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489199**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Siino, Thomas, , ,**

Mailing Address 1126 Clifton Avenue

City  
Clifton

State  
NJ

Zip Code  
07013-3622

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489202**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 830 N Main St  
STE 200

City  
Meridian

State  
ID

Zip Code  
83642-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489204**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McCann Potter, Amanda, , ,**

Mailing Address 911 Midkiff

City  
Midland

State  
TX

Zip Code  
79701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489205**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Stock, Tiffany, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northrim Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489207**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Langley, Rufus, B., ,**

Mailing Address 2720 Branston Way

City  
Apex

State  
NC

Zip Code  
27539-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Langley Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2017

**Transaction ID : 11489208**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

85.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Wilson, Thomas, R., ,

Mailing Address 701 Lamar

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2017

Transaction ID : 11489774

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Brown, Carey, H., ,

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489787

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Passe, Emma, M., ,

Mailing Address 6984 SE Langwood St

City  
Hillsboro

State  
OR

Zip Code  
97123-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LaPorte Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489788

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

180.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Niederman, Brad, , ,

Mailing Address 1745 Shea Center Dr  
4th Floor

City  
Highlands Ranch

State  
CO

Zip Code  
80129-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niederman Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489790

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Wright, Dennis, E., ,

Mailing Address 1111 Chestnut Hills Pky

City

Fort Wayne

State

IN

Zip Code

46814-8934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Plans, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489791

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Barrera, Rolando, G., ,

Mailing Address 2621 Camargo

City

Corpus Christi

State

TX

Zip Code

78415-5678

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489792

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

157.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Buffum, Ronald, S., ,**

Mailing Address 106 South Harris Street  
# 237

City  
Round Rock

State  
TX

Zip Code  
78664-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Buffum Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

MM / DD / YYYY  
08 / 24 / 2017

**Transaction ID : 11489794**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Hart, Daniel, R., ,**

Mailing Address 2137 E. 32nd Street

City  
Tulsa

State  
OK

Zip Code  
74105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guardian Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 24 / 2017

**Transaction ID : 11489798**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. West, Mitchell, , ,**

Mailing Address Health Choice One, Attn: Mitch Wes  
6436 S Racine Cir

City  
Centennial

State  
CO

Zip Code  
80111-6479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MW Family Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 24 / 2017

**Transaction ID : 11489802**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Fugitt-Hetrick, Pamela, Leigh, ,**

Mailing Address 1123 Soquel Avenue

City  
Santa Cruz

State  
CA

Zip Code  
95062-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DCD Financial & Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489803

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Lee, William, Eric, ,**

Mailing Address 25 Knight Boxx Rd  
APT. 5103

City  
Orange Park

State  
FL

Zip Code  
32065-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMN Nurse Choice

Occupation (for Individual)  
Executive Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489805

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Bear, Dale, F., ,**

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489809

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

215.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. McConaughy, John, R., ,

Mailing Address PO Box 805

City  
West Chester

State  
OH

Zip Code  
45071-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRM & Associates Agency, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489814

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Pierce, Jeffrey, L., ,

Mailing Address 730 Manzano

City  
Wolverine Lake

State  
MI

Zip Code  
48390-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthwise Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489816

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Weinstein, Joshua, , ,

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northrim Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2017

Transaction ID : 11489897

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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



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

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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. Winson, Shelly, K., ,**

Mailing Address PO Box 1914

City  
Chandler

State  
AZ

Zip Code  
85244-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
True Choice Benefits LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489902**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Pedersen, Jill, L., ,**

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 ▼

536.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489904**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Hepscher, William, , ,**

Mailing Address 38176 Medical Center Avenue

City  
Zephyrhills

State  
FL

Zip Code  
33540-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Canadian Drugstore

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489905**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

157.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Reents, Joni, Robin, ,**

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reents Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489906**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Feldman, Jeremy, , ,**

Mailing Address 1803 Research Blvd  
Suite 400

City  
Rockville

State  
MD

Zip Code  
20850-6118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489907**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Sokol, David, , ,**

Mailing Address 901 Wilshire Drive  
Suite 300

City  
Troy

State  
MI

Zip Code  
48084-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilshire Benefits Group Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

**Transaction ID : 11489908**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

297.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Harte, Heather, Roberts, ,**

Mailing Address 11365 Avant Lane

City  
Cincinnati

State  
OH

Zip Code  
45249-2373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HSA Bank

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

Transaction ID : 11489910

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Bogott, Christine, M., ,**

Mailing Address 2793 Skyline Ct  
Unit D

City  
Grand Junction

State  
CO

Zip Code  
81506-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MHIB Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

Transaction ID : 11489913

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Gootee, Jason, , ,**

Mailing Address 510 L Street  
Suite 270

City  
Anchorage

State  
AK

Zip Code  
99501-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Moda Health

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2017

Transaction ID : 11489915

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Whaley, Cynthia, , ,**

Mailing Address 408 N. Washington Street  
Suite A

City  
Easton

State  
MD

Zip Code  
21601-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Avery Hall Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 25 / 2017

**Transaction ID : 11489917**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 2520 Venture Oaks Way #240

City

Sacramento

State

CA

Zip Code

95833-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CoreMark Insurance Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : 11489978**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Wooden, Rebecca, L., ,**

Mailing Address 201 NE Park Plaza Dr #293

City

Vancouver

State

WA

Zip Code

98684-5881

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIMEA Insurance, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 26 / 2017

**Transaction ID : 11489981**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Drysdale, Sam, , ,**

Mailing Address P.O. Box 8222

City  
Springfield

State  
MO

Zip Code  
65801-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

**Transaction ID : 11489983**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Morrison, James, M., ,**

Mailing Address 6096 Innovation Way

City  
Carlsbad

State  
CA

Zip Code  
92009-1741

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

**Transaction ID : 11489984**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Phillips, Stephanie, A., ,**

Mailing Address 11100 Mead Rd, Ste 300

City  
Baton Rouge

State  
LA

Zip Code  
70816-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

**Transaction ID : 11489985**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

169.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Dinkel, Matthew, Kim, ,**

Mailing Address 13700 Six Mile Cypress

City

Fort Myers

State

FL

Zip Code

33912-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alan Williams & Associates Insurance A

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

08 / 26 / 2017

**Transaction ID : 11489989**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Dickert, Vicki, Michele, ,**

Mailing Address 8833 Perimeter Park Blvd  
Suite 802

City

Jacksonville

State

FL

Zip Code

32216-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BenTec Workplace Solutions

Occupation (for Individual)

Vice President of Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

08 / 26 / 2017

**Transaction ID : 11489991**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Hinck, John, H., ,**

Mailing Address 211 McLaws Circle, Ste2

City

Williamsburg

State

VA

Zip Code

23185-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hinck Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 26 / 2017

**Transaction ID : 11489992**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

157.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Wilson, Steven, L., ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

Transaction ID : 11489993

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. **Johnson, Suzanne, K., ,**

Mailing Address 5955 Carnegie Blvd Suite 150

City  
Charlotte

State  
NC

Zip Code  
28209-4664

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

Transaction ID : 11489997

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. **Jurkus, Charles, , ,**

Mailing Address 823 Commerce Drive, Suite 350

City  
Oak Brook

State  
IL

Zip Code  
60523-8855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefit Risk Mgmt. Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

Transaction ID : 11489999

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

200.00

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

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

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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. Kahan, Stacy, , ,

Mailing Address 8707 Skokie Blvd., Ste 206

City  
Skokie

State  
IL

Zip Code  
60077-2272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lang Financial Group, Chicago LTD

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

Transaction ID : 11490001

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ledgerwood, Michael, , ,

Mailing Address 12022 FOREST MOON DR

City  
CYPRESS

State  
TX

Zip Code  
77433-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RELI Benefit Specialists LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2017

Transaction ID : 11490006

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Cartier, Fred, , ,

Mailing Address 11555 Sorrento Valley Road  
Suite 203

City  
San Diego

State  
CA

Zip Code  
92121-1331

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490020

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

122.00

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



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Underhill, Elizabeth, J., ,

Mailing Address 5951 Canoga Avenue

City

Woodland Hills

State

CA

Zip Code

91367-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Underhill Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490022

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Phillips, Mark, , ,

Mailing Address 165 Churchill Ct.

City

Fayetteville

State

GA

Zip Code

30214-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Independent Insurance Broker

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490024

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Reddy, Michael, S., ,

Mailing Address 330 River Pointe Drive

City

Elkhart

State

IN

Zip Code

46514-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Keystone Insurance &amp; Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490027

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bechtold, Annette, , ,**

Mailing Address 200 Galleria Pkwy SE  
Ste 1950

City  
Atlanta

State  
GA

Zip Code  
30339-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OneDigital

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490028**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Mordo, David, , ,**

Mailing Address 15 Main St

City

Holmdel

State

NJ

Zip Code

07733-2105

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490032**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Severo, Daniel, , ,**

Mailing Address 231 Chestnut St. #410

City

Meadville

State

PA

Zip Code

16335-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The DJB Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490034**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

114.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Witt, Kelly, J., ,

Mailing Address 1017 Pine Hill Way

City  
Carmel

State  
IN

Zip Code  
46032-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Health and Wellness Group

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490035

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Booth, Neil, A., ,

Mailing Address 23901 Calabasas Road, Suite 2014

City  
Calabasas

State  
CA

Zip Code  
91302-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Marketing Administrators INC

Occupation (for Individual)  
Broker & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490037

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Sherrod, Jeffrey, , ,

Mailing Address 3810 Holly Ridge Drive

City  
Longview

State  
TX

Zip Code  
75605-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490038

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Johnson, Judy, Anne, ,**

Mailing Address 5581 N Barrasca Ave

City  
Tucson

State  
AZ

Zip Code  
85750-6495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490039**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Jackson, Jerry, D., ,**

Mailing Address 5113 N. Executive Drive  
Suite 102

City  
Peoria

State  
IL

Zip Code  
61614-4893

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 ▼

336.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490042**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Jaques, Kevin, K., ,**

Mailing Address 1250 S Capital of TX Hwy.  
Bldg. 1, Ste. 360

City  
West Lake Hills

State  
TX

Zip Code  
78746-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

08 / 27 / 2017

**Transaction ID : 11490043**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Pearson, E.J., , ,

Mailing Address 369 Stone Falls Ave SE  
Apt 201

City  
Ada

State  
MI

Zip Code  
49301-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Varipro

Occupation (for Individual)

Regional Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2017

Transaction ID : 11490045

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Hagen, David, P., ,

Mailing Address 1045 Wykoff Way

City

Laguna Beach

State

CA

Zip Code

92651-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hagen Insurance &amp; Financial 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  
08 / 27 / 2017

Transaction ID : 11490051

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Hazelbaker, Jay, , ,

Mailing Address 5007 Pine Creek Drive

City

Westerville

State

OH

Zip Code

43081-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tabit, Arganbright &amp; Hazelbaker, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490056

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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

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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. Reinstadler, Ruppert, , ,

Mailing Address 6443 SW Beaverton-Hillsdale Hwy  
Suite 200

City  
Portland

State  
OR

Zip Code  
97221-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coordinated Resources Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490058

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Brody, Andrea, , ,

Mailing Address 6018 E Lowden Rd.

City

Cave Creek

State

AZ

Zip Code

85331-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RXBenefits

Occupation (for Individual)  
Vice President of Business Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490059

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Mannor, Kevin, C., ,

Mailing Address 2205 Trautner Drive

City

Saginaw

State

MI

Zip Code

48604-8201

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490061

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

114.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Lawson, Tonda, , ,**

Mailing Address **6611 Orion Drive**  
**Suite 201**

City  
**Fort Myers**

State  
**FL**

Zip Code  
**33912-4329**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Brown & Brown, Inc.**

Occupation (for Individual)  
**VP Employee Benefits**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**440.00**

Date of Receipt

**08 / 28 / 2017**

Transaction ID : **11490062**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

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

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

Mailing Address **PO Box 626**

City

**Woodland Hills**

State

**CA**

Zip Code

**91365-0626**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Underhill Insurance Agency**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**680.00**

Date of Receipt

**08 / 28 / 2017**

Transaction ID : **11490064**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

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

C. **Allard, Terry, , ,**

Mailing Address **3000 A Street, Suite 400**

City

**Anchorage**

State

**AK**

Zip Code

**99503-4040**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**The Wilson Agency, LLC**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**1360.00**

Date of Receipt

**08 / 28 / 2017**

Transaction ID : **11490065**

Amount of Each Receipt this Period

**170.00**

☐ Memo Item

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

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

**285.00**

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Childers, Russell, B., ,**

Mailing Address PO Box 1547

City  
Americus

State  
GA

Zip Code  
31709-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Russ Childers, CLU

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

08 / 28 / 2017

**Transaction ID : 11490067**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. Hoffman, Crystal, , ,**

Mailing Address P.O. Box 709

City  
Sugar Land

State  
TX

Zip Code  
77487-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Concepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

08 / 28 / 2017

**Transaction ID : 11490068**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Shively, Kevin, , ,**

Mailing Address 3800 Paluxy Dr  
Ste 540

City  
Tyler

State  
TX

Zip Code  
75703-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield

Occupation (for Individual)  
Carrier Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2017

**Transaction ID : 11490071**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

205.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stearns, Candius, Michelle, ,**

Mailing Address 3290 W Big Beaver Rd  
Ste 503

City  
Troy

State  
MI

Zip Code  
48084-2917

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490072

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Coventry, Sandy, J, ,**

Mailing Address 10717 Sorrento Valley Road

City

San Diego

State  
CA

Zip Code  
92121-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wateridge Insurance Services

Occupation (for Individual)  
Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490074

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fear, David, L., ,**

Mailing Address 400 Sunrise Avenue, #150

City

Roseville

State  
CA

Zip Code  
95661-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shepler & Fear General Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490076

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Keneipp, Wendy, , ,**

Mailing Address 2738 Cody Circle #101

City  
Bellingham

State  
WA

Zip Code  
98225-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Q4intelligence, LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

**Transaction ID : 11490077**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Brining, Joseph, B., ,**

Mailing Address 6528 E 101st St  
Suite D-1 PMB 293

City  
Tulsa

State  
OK

Zip Code  
74133-6754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Combined Affinity Markets

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

**Transaction ID : 11490078**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 11213 Davenport St.  
Ste. 201

City  
Omaha

State  
NE

Zip Code  
68154-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aon Risk Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

808.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

**Transaction ID : 11490085**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Smith, Paul, E., ,**

Mailing Address 100 Queen Street

City  
Southington

State  
CT

Zip Code  
06489-2052

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490090

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. **Lubenow, Douglas, , ,**

Mailing Address 214 West Main Street  
Suite 203

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490091

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. **Ragusa, Ruth, Ferry, ,**

Mailing Address 308 Lassalle Drive

City  
River Ridge

State  
LA

Zip Code  
70123-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allied Benefits Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490094

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

254.00

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

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

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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. LaFay, Stacey, S., ,

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

592.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2017

Transaction ID : 11490103

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Wilson, Michael, W., ,

Mailing Address PO Box 112

City

Waycross

State

GA

Zip Code

31502-0112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wilson Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2017

Transaction ID : 11490141

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

C. Kiani, Angela, , ,

Mailing Address 6040 S. 58th St., # E

City

Lincoln

State

NE

Zip Code

68516-3695

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lincoln Financial Management, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2017

Transaction ID : 11490142

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1325.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kross, David, R., ,**

Mailing Address 5556-B Cheviot Rd.

City  
Cincinnati

State  
OH

Zip Code  
45247-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Benefits Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 29 / 2017

**Transaction ID : 11490148**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Perez, Anthony, , ,**

Mailing Address 1212 New York Ave, NW  
Suite 1100

City  
Arlington

State  
VA

Zip Code  
22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.00

Date of Receipt

08 / 30 / 2017

**Transaction ID : 11491559**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$45.50 This changes  
the YTD Total to \$96.00

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

**C. Van Buren-Neff, Eleanor, K., ,**

Mailing Address 43220 Hampton Street

City  
Lancaster

State  
CA

Zip Code  
93536-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Buren Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 16 / 2017

**Transaction ID : 11491560**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$365.00 This  
changes the YTD Total to \$365.00

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Wham, Scott, , ,

Mailing Address 145 E 5th Avenue

City  
Conshohocken

State  
PA

Zip Code  
19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

Director of Compliance Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2017

Transaction ID : 11491561

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$500.00 This  
changes the YTD Total to \$42.00

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

B. McDougall, Heather, Lee, ,

Mailing Address 1312 W Kiva Ave

City  
Mesa

State  
AZ

Zip Code  
85202-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affiliated Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433059216823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Villagran, Denise, S., ,

Mailing Address 1016 Santa Fe, #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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433061216823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Schreder, Lynn, M., ,**

Mailing Address 130 North 25th Street

City

Fort Dodge

State

IA

Zip Code

50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KHI Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433076116823**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. Adams, Carla, , ,**

Mailing Address PO Box 7630

City

Horseshoe Bay

State

TX

Zip Code

78657-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Total Administrative Services Corporat

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433095016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Davies, Melissa, , ,**

Mailing Address 9425 Double R Blvd  
Ste F

City

Reno

State

NV

Zip Code

89521-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Clark and Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433115416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

160.00

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Brown, Madeleine, , ,**

Mailing Address P.O. Box 1490,

City  
JacksonState  
MSZip Code  
39215-1490FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher Brown Bottrell Insurance, IncOccupation (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  
08 / 31 / 2017

Transaction ID : PR433118916823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**B. Deacon, Joseph, H., ,**Mailing Address 221 1/2 Hale Street  
PO Box 2831City  
CharlestonState  
WVZip Code  
25301-2207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deacon & Deacon Insurance AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433129316823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. McFerrin, Dwane, C., ,**Mailing Address 8420 West Dodge Road  
Suite 510City  
OmahaState  
NEZip Code  
68114-3432FEC 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 ▼

855.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433168116823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

200.00

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



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

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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. Barrett, William, J., ,**

Mailing Address 7400 West Campus Road

City  
New Albany

State  
OH

Zip Code  
43054-8725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433180616823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Christensen, H Elizabeth, , ,**

Mailing Address 3013 Sonora Canyon Rd

City  
Weatherford

State  
TX

Zip Code  
76087-8215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Senior Services of Texas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433187716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Rifkin, Robert, L., ,**

Mailing Address 7 Stonewall Lane

City  
Mamaroneck

State  
NY

Zip Code  
10543-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433196816823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

102.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Dorman, Harry, , ,**

Mailing Address 1500 N Casaloma Dr Suite 411

City  
Appleton

State  
WI

Zip Code  
54913-8219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medicare Masters, LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433197416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Long, Scott, W., ,**

Mailing Address 1715 Greenway Village Dr.

City  
Katy

State  
TX

Zip Code  
77494-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Transamerica Employee Benefits

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433206816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Brittain, Jennifer, , ,**

Mailing Address 208 N. Mill

City  
Pryor

State  
OK

Zip Code  
74361-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brown & Brown, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433214316823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

102.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Gerken, Barbara, Ann, ,

Mailing Address 1775 Indian Wood Circle

City  
Maumee

State  
OH

Zip Code  
43537-4010

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433268316823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Shooshanian, Barbara, , ,

Mailing Address 39500 High Pointe Blvd  
Ste 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, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433298716823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. Thams, Todd, , ,

Mailing Address 1209 Broadway

City  
Denison

State  
IA

Zip Code  
51442-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thams Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR433308316823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

145.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Spleet, Michael, , ,**

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433316616823**

Amount of Each Receipt this Period

95.00

☐ Memo Item

P/R Deduction (\$95.00 Monthly)

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

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

Mailing Address 355 Sprowel Creek Rd

City

Garberville

State

CA

Zip Code

95542-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Willison Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433468616823**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Drake, Laura, , ,**

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433504416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

225.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Roney, Robert, L., ,**

Mailing Address 600 E Lafayette Blvd.

City  
Detroit

State  
MI

Zip Code  
48226-2927

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Agent Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433674116823**

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

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

**B. Levit, Donald, , ,**

Mailing Address 5120 Woodway Dr Suite 10023

City  
Houston

State  
TX

Zip Code  
77056-1725

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Co-founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433679116823**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**C. Golden, Johnna, , ,**

Mailing Address 3800 Centerpoint Dr., Ste 940

City  
Anchorage

State  
AK

Zip Code  
99503-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premera Blue Cross Blue Shield of Alas

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433692816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

142.00

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Butler, Allison, , ,**

Mailing Address 2800 Civic Circle Suite 200

City  
Amarillo

State  
TX

Zip Code  
79109-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Butler Benefits & Consulting, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433694516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Schneider, JoEllen, , ,**

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)  
1967

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR433791816823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Skinner, Roger, W., ,**

Mailing Address 5518 Hammock Glen Drive

City  
INDIANAPOLIS

State  
IN

Zip Code  
46235-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Argus Dental & Vision

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

244.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436789416823**

Amount of Each Receipt this Period

30.50

☐ Memo Item

P/R Deduction (\$30.50 Monthly)

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

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

102.50

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rippinger, John, F., ,**

Mailing Address 11047 E Verbena Lane

City  
Scottsdale

State  
AZ

Zip Code  
85255-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Look LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR436793516823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Hartman, Gerald, G., ,**

Mailing Address PO Box 5716

City  
Boise

State  
ID

Zip Code  
83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Network America Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR436808016823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**C. Rowe, Eugene, L., ,**

Mailing Address 16000 Ventura Blvd

City  
Encino

State  
CA

Zip Code  
91436-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
R & R Retirement and Insurance Service

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR436817916823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

110.00

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



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Christian, Brad, L, ,**

Mailing Address PO Box 188

City  
Clatonia

State  
NE

Zip Code  
68328-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Investments

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436821016823**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

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

**B. Trautwein, Janet, , ,**

Mailing Address 1212 New York Ave. NW, Ste 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436821416823**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

**C. Rios-Carl, Elizabeth, E., ,**

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)  
Houghton Financial Partners LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436824516823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

230.00



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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Besselman, Thomas, , ,**

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City  
Baton Rouge

State  
LA

Zip Code  
70808-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436824616823**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

**B. Berman, David, A, ,**

Mailing Address 6510 N. Shadeland Avenue

City  
Indianapolis

State  
IN

Zip Code  
46220-4369

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436829716823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. Ashmore, Elizabeth, , ,**

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 & Associates Insurance Agency,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436830316823**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

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

505.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kramer, Mary, B., ,**

Mailing Address 13810 National Bank Parkway, Suite

City  
Omaha

State  
NE

Zip Code  
68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Holmes Murphy & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436836216823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Grundman, Robert, A., ,**

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 ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436838916823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

Mailing Address P.O. Box 6677

City  
Fullerton

State  
CA

Zip Code  
92834-6677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Advanced Benefit Consulting & Insuranc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436844616823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

177.00

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

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for each category of the  
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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. Wright, Keith, L., ,**

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 ▼

486.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436848516823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**B. Fortenberry, H. Larry, , ,**

Mailing Address PO Box 16566

City  
Jackson

State  
MS

Zip Code  
39236-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Planning Group, P.A.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436852616823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

**C. Bean, DarraId, T., ,**

Mailing Address 3922 Rampart ST

City  
Boise

State  
ID

Zip Code  
83704-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bean Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436853316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

114.00

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

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

FOR LINE NUMBER: PAGE 124 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Swayne, Tom, , ,

Mailing Address PO Box 31029

City  
Charleston

State  
SC

Zip Code  
29417-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

David M. Gilston Insurance Agency, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436853716823

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Freeman, Michael, J., ,

Mailing Address 2333 Camino Del Rio South  
Suite 200

City  
San Diego

State  
CA

Zip Code  
92108-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Countywide Health Ins. Services, Inc.

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436861816823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

C. KEELING, George, R., ,

Mailing Address P.O. Drawer K-1630  
507 Avenue G

City  
Levelland

State  
TX

Zip Code  
79336-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

George R. Keeling Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436865516823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

215.00

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

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

FOR LINE NUMBER: PAGE 125 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Mobley, Sandra, V., ,**

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 ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436869316823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

Mailing Address 31930 Daniel Way

City  
Temecula

State  
CA

Zip Code  
92591-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paula Wilson, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436873516823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

**C. RAINWATER, Kathy, M., ,**

Mailing Address 515 West Southwest Loop 323

City  
Tyler

State  
TX

Zip Code  
75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Threlkeld & Company Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436873716823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 126 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Trahin, Cindy, K., ,

Mailing Address 7127 Homestead Road  
Suite B

City  
Fort Wayne

State  
IN

Zip Code  
46814-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trahin Insurance Services LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436875616823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Stuart, Rodney, , ,

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436883316823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Spragins, Jackie, L., ,

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436895316823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

130.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Janway, Leah-Anne, , ,**

Mailing Address 2225 SW 96

City  
Oklahoma City

State  
OK

Zip Code  
73159-6861

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436901516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Morrow, Todd, , ,**

Mailing Address 1050 S. Wilcrest Dr.

City  
Houston

State  
TX

Zip Code  
77042-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kilpatrick Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436903716823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

Mailing Address 1801 Gateway Blvd.  
Suite 200

City  
Richardson

State  
TX

Zip Code  
75080-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upshaw Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

364.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436911016823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

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

114.00



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

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

FOR LINE NUMBER: PAGE 128 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Shaffer, Annette, , ,**

Mailing Address 418 South Main Street

City  
Findlay

State  
OH

Zip Code  
45840-3273

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Group Benefit Consultants

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436917216823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**B. Recker, Dennis, J., ,**

Mailing Address 971 North Perry Street  
P.O. Box 276

City  
Ottawa

State  
OH

Zip Code  
45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fawcett, Lammon, Recker & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436919016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Kaczmarek, Lawrence, , ,**

Mailing Address 145 N. Chestnut St., Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR436923416823**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

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

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

91.00



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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Cason, Louie, L., ,

Mailing Address PO Box 11229

City  
Columbia

State  
SC

Zip Code  
29211-1229

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436934816823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Whitmire, Jimmie, , ,

Mailing Address 503 Eighth Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitmire & Whitmire, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436939116823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Stenger, James, R., ,

Mailing Address 8926 Crown Colony Boulevard

City  
Fort Myers

State  
FL

Zip Code  
33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVS Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436939916823

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

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

297.00

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

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

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

FOR LINE NUMBER: PAGE 130 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Seifert, Greg, , ,

Mailing Address P.O. Box 189

916 Main Street

City

Vancouver

State

WA

Zip Code

98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

West Coast Ins Services dba Biggs Ins

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436941616823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. HUNT, David, L, ,

Mailing Address 110 Mallard Lane

City

Madison

State

MS

Zip Code

39110-8799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hunt Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436942616823

Amount of Each Receipt this Period

35.00

☐ Memo Item

P/R Deduction (\$35.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, John, T., ,

Mailing Address 458 High Street

City

Warren

State

OH

Zip Code

44481-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INSURANCE NAVIGATORS AGENCY

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436950016823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holland, Robert, V., ,**

Mailing Address PO Box 698

City  
Centralia

State  
WA

Zip Code  
98531-0698

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centralia General Agencies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436961716823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schneider, John, E., ,**

Mailing Address 4300 Sidco Drive, Suite 200

City  
Nashville

State  
TN

Zip Code  
37204-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436963516823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parker, John, C., ,**

Mailing Address 38 Hope St  
Unit 1312

City  
Niantic

State  
CT

Zip Code  
06357-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436986816823

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bentley, Bob, , ,

Mailing Address 9557 Silverdale Loop Road, NW

City  
Silverdale

State  
WA

Zip Code  
98383-9132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Albers Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436990416823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Splawn, William, Craig, ,

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436992816823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rose, Charla, S., ,

Mailing Address PO Box 1299

City  
Amarillo

State  
TX

Zip Code  
79105-0299

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR436999116823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fristoe, Kelly, Don, ,**

Mailing Address 807 8th Street, Suite 300

City  
Wichita Falls

State  
TX

Zip Code  
76301-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Financial Partners

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437002316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thorn, Ryan, P., ,**

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 ▼

320.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437004016823**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Doyle, Betty, R., ,**

Mailing Address 108 SE 3rd, Suite A

City  
Moore

State  
OK

Zip Code  
73160-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Doyle-Crow & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437006916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buie, Scott, T., ,**

Mailing Address 6440 South Wasatch Blvd., #150

City  
Salt Lake City

State  
UT

Zip Code  
84121-3513

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437010516823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gray, Michael, D., ,**

Mailing Address 233 South 13th Street, Suite 1650

City  
Lincoln

State  
NE

Zip Code  
68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Harry A. Koch Co

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437016716823

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duhon, Keith, M., ,**

Mailing Address PO Box 80158

City  
Lafayette

State  
LA

Zip Code  
70598-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Family Insurance Center, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437017116823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

180.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 OF 182

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kaczmarek, T. Darlene, , ,

Mailing Address 145 N. Chestnut St., Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437026316823

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blizman, Donna, J., ,

Mailing Address 1939 Racimo Dr

City  
Sarasota

State  
FL

Zip Code  
34240-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefits Marketing Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437031516823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore, Wesley, P., ,

Mailing Address P O Box 604

City  
Darlington

State  
SC

Zip Code  
29540-0604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moore Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437039416823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hayes, Leesa, Kay, ,**

Mailing Address 812 Lyndon Lane Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437043316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Jonathan, S., ,**

Mailing Address 6084 South 900 East, Suite 102

City  
Salt Lake City

State  
UT

Zip Code  
84121-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437051516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brockhurst, Eleanor, M., ,**

Mailing Address 1212 East Osborn Road, Suite 110

City  
Phoenix

State  
AZ

Zip Code  
85014-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brockhurst & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437052816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Kimberly, C., ,**

Mailing Address 1027 S Pendleton Street  
Suite B-217

City  
Easley

State  
SC

Zip Code  
29642-1046

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 ▼

320.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437058216823**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olson, Terri, M., ,**

Mailing Address P. O. Box 21479

City  
Keizer

State  
OR

Zip Code  
97307-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Olson Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437070216823**

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

747.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437076116823**

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

189.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KSA Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR43707216823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez, Juan, R., ,**

Mailing Address 22431 Antonio Pkwy  
Suite B160-420

City

Rancho Santa Margarita

State  
CA

Zip Code  
92688-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437079016823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Douglas, Paul, L., ,**

Mailing Address 100 Independence Place, Suite S-21

City  
Tyler

State  
TX

Zip Code  
75703-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Douglas & Associates Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437080216823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chornak, Shelley, A., ,**

Mailing Address 7251 Engle Rd. Suite 103

City  
Cleveland

State  
OH

Zip Code  
44130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sage Partners, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437080816823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Koehler, Linda Rose, , ,**

Mailing Address 235 Main Street

City

Pleasanton

State

CA

Zip Code

94566-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herzog Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437090116823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kennedy-Simington, Dierdre, , ,**

Mailing Address 17200 Ventura Blvd., Suite 312

City

Encino

State

CA

Zip Code

91316-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Genesis Financial &amp; Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

376.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437094116823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henehan, Joseph, E., ,**

Mailing Address 685 Carnegie Dr., Ste. #205

City

San Bernardino

State

CA

Zip Code

92408-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Henehan Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437097916823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Krueger, Linda, E., ,**

Mailing Address 5753 Houseman Ave

City

Pueblo

State

CO

Zip Code

81004-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colorado Choice Health Plans

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437098516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roiz, Mario, , ,**

Mailing Address 10446 NW 31st Terrace

City

Doral

State

FL

Zip Code

33172-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HR Benefit Services, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437104916823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stephens, James, R., ,**

Mailing Address 100 Mansell Ct East  
Suite 400

City  
Roswell

State  
GA

Zip Code  
30076-4859

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437110716823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garner, G. Russell, , ,**

Mailing Address 1308 Murraywood Drive

City  
Columbia

State  
SC

Zip Code  
29212-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G. Russell Garner LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437113216823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCEVILLY, BRIAN, J., ,**

Mailing Address 4455 S. Pecos Rd.

City  
Las Vegas

State  
NV

Zip Code  
89121-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLB Insurance Group of Nevada

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437117716823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roberts, Joseph, K., ,

Mailing Address 1128 Lincoln Mall  
Suite 200City  
LincolnState  
NEZip Code  
68508-2878FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICOOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437118016823

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Klene, Lonnie, , ,

Mailing Address 14339 Torrey Chase Blvd., Ste F

City  
HoustonState  
TXZip Code  
77014-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Core BenefitsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437119616823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bratteli, Wendy, , ,

Mailing Address 2025 Stonegate Boulevard

City  
TylerState  
TXZip Code  
75703-0104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Threlkeld & Company InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437122416823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

242.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benton, Bruce, D., ,**

Mailing Address 17200 Ventura Blvd  
Suite 312

City  
Encino

State  
CA

Zip Code  
91316-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genesis Financial & Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437123016823**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Antongiovanni, Joanna, , ,**

Mailing Address P.O. Box 795008

City

San Antonio

State

TX

Zip Code

78279-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wortham Insurance & Risk Management

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437128016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Friedrich, Linda, K., ,**

Mailing Address 4435 O Street

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437129116823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Papenfus, Jeffrey, , ,**

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)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437137816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walsh, Timothy, P., ,**

Mailing Address 701 Oyster Catcher Drive

City  
Hampstead

State  
NC

Zip Code  
28443-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Insurance Systems

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437149416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hebert, Laura, L., ,**

Mailing Address 935 Graham Road  
PO BOX 18508

City  
Corpus Christi

State  
TX

Zip Code  
78418-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebert Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437154816823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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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. White, Robert, H., ,**

Mailing Address 6724 S 29th W Place

City  
Tulsa

State  
OK

Zip Code  
74132-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PBA HUB International Mid-America

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437174116823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murray, Neal, , ,**

Mailing Address 1314 East Atlantic Boulevard

City

Pompano Beach

State

FL

Zip Code

33060-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frank H. Furman, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437183416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ducote, Dale, , ,**

Mailing Address 7922 Summa Avenue, Suite B-1

City

Baton Rouge

State

LA

Zip Code

70809-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Plus Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437184616823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Debler, Johnnie, O., ,**

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 Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437196416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crable, John, B., ,**

Mailing Address 5000 Dearborn Cir. Ste 100

City  
Mount Laurel

State  
NJ

Zip Code  
08054-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corporate Synergies Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437199716823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Braden, Victoria, J., ,**

Mailing Address 3875 Johns Creek Parkway, Suite C

City  
Suwanee

State  
GA

Zip Code  
30024-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Braden Benefit Strategies, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437201916823**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nace, Joshua, D., ,**

Mailing Address 100 W. Harrison Street, Suite S440

City  
SeattleState  
WAZip Code  
98119-4116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dental Health ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : PR437203316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Lon, G., ,**

Mailing Address 3000 A Street, Suite 400

City  
AnchorageState  
AKZip Code  
99503-4040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLCOccupation (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
08		31		2017

**Transaction ID : PR437204316823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bundy-Cobb, Jennifer, , ,**

Mailing Address 3000 A Street, Suite 400

City  
AnchorageState  
AKZip Code  
99503-4040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

**Transaction ID : PR437204416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stenger, Marilyn, A., ,**

Mailing Address 8926 Crown Colony Blvd

City

Fort Myers

State

FL

Zip Code

33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MVS Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437206416823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garbina, James, S., ,**

Mailing Address 14010 FNB Pkwy Ste 300

City

Omaha

State

NE

Zip Code

68154-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437212216823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Catherine, L., ,**

Mailing Address 39500 High Pointe Blvd., Suite 400

City

Novi

State

MI

Zip Code

48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Administrators

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

855.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437218316823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Musser, Rita, A., ,**

Mailing Address 3330 Thames Drive

City  
Fort Wayne

State  
IN

Zip Code  
46815-5994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437229116823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gardner, Joy, K., ,**

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 ▼

526.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437231216823**

Amount of Each Receipt this Period

47.00

☐ Memo Item

P/R Deduction (\$47.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Norris, Michael, A., ,**

Mailing Address 295 E Palmer Street

City  
Franklin

State  
NC

Zip Code  
28734-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wayah Employee Benefits / EbenConcepts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437250016823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neace, Ryan, , ,

Mailing Address 555 W Shaw Ave  
 Ste C-1

City  
 Fresno

State  
 CA

Zip Code  
 93704-2503

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Administrative Solutions, Inc.

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR437253416823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barton-Lewis, Diane, L., ,

Mailing Address Arthur J Gallagher & Co  
 615 E. Britton Road

City  
 Oklahoma City

State  
 OK

Zip Code  
 73114-7710

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Gallagher Benefit Services, Inc.

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR437254116823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Powers-Booth, Sandra, Lee, ,

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 ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR437264316823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

102.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hardy, Allen, D., ,**

Mailing Address 802 Kosciusko Road  
P.O. Box 89

City  
Philadelphia

State  
MS

Zip Code  
39350-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Philadelphia Security Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437264916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Toups, Jennifer, L., ,**

Mailing Address #1 Galleria Blvd, Suite 1122

City

Metairie

State

LA

Zip Code

70001-2092

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437270516823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eastin, Bill, , ,**

Mailing Address 1504 Hackberry Street

City

Metairie

State

LA

Zip Code

70001-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dardis Couvillion & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437271716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hissong, James, H., ,**

Mailing Address 8401 Widmer Rd

City  
Lenexa

State  
KS

Zip Code  
66215-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437274716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tolbert, Margaret, S., ,**

Mailing Address 6501 Peake Rd Bld 950

City  
Macon

State  
GA

Zip Code  
31210-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tolbert & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437280516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Summers, James, F., ,**

Mailing Address 8420 West Dodge Road, 5th Floor

City  
Omaha

State  
NE

Zip Code  
68114-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Market Sales, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437281016823**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hensley, Don, E., ,**

Mailing Address P. O. Box 20626

City  
Oklahoma City

State  
OK

Zip Code  
73156-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bigbie, Hensley & Janway Insurance Age

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437293516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grossnickle, Jeffrey, R., ,**

Mailing Address 1405 North College Avenue

City  
Bloomington

State  
IN

Zip Code  
47404-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

First Insurance Group Inc.

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437294716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yarberry, Luann, S., ,**

Mailing Address 1300 10th Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Higginbotham Ins Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437301016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sullivan, T.J., , ,**

Mailing Address 1786 State Street

City  
Salem

State  
OR

Zip Code  
97301-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Huggins Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437310516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Marie, D., ,**

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 ▼

290.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437323316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mihalyi-Stiffler, Patricia, , ,**

Mailing Address 155 N. Riverview Drive

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 ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437326116823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pittman, Susan, R., ,**

Mailing Address 1010 South 336th Street  
Suite 305

City  
Federal Way

State  
WA

Zip Code  
98003-7355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insure NW Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437343516823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawless, Jim, , ,**

Mailing Address Epic Insurance Solutions, LLC  
710 East Main Street

City  
Lexington

State  
KY

Zip Code  
40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Epic Insurance Solutions, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437348016823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bajkowski, Catherine, A., ,**

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

Transaction ID : PR437361116823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Block, David, M., ,**

Mailing Address P O Box 1809

City  
Candler

State  
NC

Zip Code  
28715-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialties, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437364416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paulus, Raquel, E., ,**

Mailing Address 1368 Business Park Drive

City  
Traverse City

State  
MI

Zip Code  
49686-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peterson McGregor & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437367916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tikia, Rina, , ,**

Mailing Address 3525 N. Causeway Blvd., Suite 815

City  
Metairie

State  
LA

Zip Code  
70002-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tikia Consulting Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437375316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas, Jeffery, C., ,**

Mailing Address 6200 Reynolds Road

City  
Jackson

State  
MI

Zip Code  
49201-9386

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437385416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cutting, Brenda, , ,**

Mailing Address 4356 Bonney Road  
Suite 2-101

City  
Virginia Beach

State  
VA

Zip Code  
23452-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437388316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City  
Helotes

State  
TX

Zip Code  
78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Dental

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437397716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gutierrez, Antonio, , ,**

Mailing Address 12833 Riverdance Dr.

City  
Raleigh

State  
NC

Zip Code  
27613-7093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACA Dudes, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437402016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cramer, Valerie, Lynn, ,**

Mailing Address 588 - 3 Mile Road, NW  
Suite 101

City  
Grand Rapids

State  
MI

Zip Code  
49544-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grotenhuis

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437416416823**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hahn, Monique, E., ,**

Mailing Address 100 18th St S  
Suite 107

City  
Birmingham

State  
AL

Zip Code  
35233-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synergy Benefits & Risk Mgt Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437417016823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gandy, Hollie, , ,**

Mailing Address 2920 Duniven Circle, #2

City  
Amarillo

State  
TX

Zip Code  
79109-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Solutions Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437425016823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Robert, S., ,**

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 ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437427216823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosenblum, Joel, , ,**

Mailing Address 230 Lipan Way

City  
Boulder

State  
CO

Zip Code  
80303-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance for Asset Protection

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437427416823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutter, Amy, D., ,**

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 ▼

486.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437454916823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Damron, Reed, , ,**

Mailing Address 5880 Live Oak Parkway, Suite 250

City  
Norcross

State  
GA

Zip Code  
30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HIRE Benefits, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437468916823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anderson-Wallis, Melinda, S., ,**

Mailing Address 950 N. Meridian St.  
Suite 200

City  
Indianapolis

State  
IN

Zip Code  
46204-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437470816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Creasy, Marcus, , ,**

Mailing Address P. O. Box 220

City

Heber Springs

State

AR

Zip Code

72543-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Adams & Creasy Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437474916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pennington, Carol, C., ,**

Mailing Address 4640 Woodbridge Drive

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pennington Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437485416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCDANIEL, Randy, L., ,**

Mailing Address 575 Chambers Road

City

McDonough

State

GA

Zip Code

30253-6447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

McDaniel Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437485716823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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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. Gransee, Colleen, J., ,**

Mailing Address 1277 Deming Way

City  
Madison

State  
WI

Zip Code  
53717-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dean Health Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437490416823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohn, Barry, S., ,**

Mailing Address 21515 Vanowen St Ste 200

City  
Canoga Park

State  
CA

Zip Code  
91303-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437497316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rider, Susan, M., ,**

Mailing Address 1402 N Capital  
#400

City  
Indianapolis

State  
IN

Zip Code  
46202-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory & Appel Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

654.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437510716823**

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coley, Maggie, , ,**

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 ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437534016823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swanson, Cynthia, , ,**

Mailing Address 501 Shelley Drive

City  
Tyler

State  
TX

Zip Code  
75701-9540

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437544916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giardina, Charles, J., ,**

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437562816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Contorno, David, , ,

Mailing Address 331 Alcove Rd 2nd Floor

City  
Mooresville

State  
NC

Zip Code  
28117-7660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake Norman Benefits, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437566616823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alm, Daniel, , ,

Mailing Address P.O. Box 3248

City  
Omaha

State  
NE

Zip Code  
68180-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross and Blue Shield of Nebraska

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437585516823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mobley, Dennis, F., ,

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 Insurance Agency, LLC, a Divisi

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437587516823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Thomas, L., ,**

Mailing Address POB 31955

City  
Amarillo

State  
TX

Zip Code  
79120-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TLM & Associates, Inc

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437588716823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waller, Doris, , ,**

Mailing Address 1778 N. Plano Rd.  
Suite 310

City  
Richardson

State  
TX

Zip Code  
75081-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pan-American Life Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437591516823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Judith, L., ,**

Mailing Address P O Box 10071

City  
Tyler

State  
TX

Zip Code  
75711-0071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFG Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437594116823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

157.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swinton, Ryan, R., ,**

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437594916823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burns, Patrick, , ,**

Mailing Address 5653 Maxwellton Road

City  
Oakland

State  
CA

Zip Code  
94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Burns Employee Benefits Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437600516823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Starks, Eugene, , ,**

Mailing Address 613 Crescent Circle  
Suite 201

City  
Ridgeland

State  
MS

Zip Code  
39157-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Administration Services, Ltd.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437603116823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, George, , ,**

Mailing Address 4109 Woodway Dr.

City  
Monroe

State  
LA

Zip Code  
71201-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Financial Planning Resources

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437605716823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LaRocco, Andrew, M., ,**

Mailing Address 5880 Live Oak Parkway, # 230

City  
Norcross

State  
GA

Zip Code  
30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The LaRocco Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437640916823**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Israel, Steven, , ,**

Mailing Address 4204 Manor Forest Trail

City  
Boynton Beach

State  
FL

Zip Code  
33436-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S. Florida Affiliated Health Insurers,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437654416823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

112.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. Rose, Mark, , ,**

Mailing Address 11225 SE 6 Th St  
Suite 110

City  
Bellevue

State  
WA

Zip Code  
98004-6478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Partners Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437657716823**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Siciliano, Dominic, , ,**

Mailing Address 4500 Cascade Road SE Suite 106

City

Grand Rapids

State

MI

Zip Code

49546-3665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Profiles, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437669516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Strouse, Marcie, , ,**

Mailing Address 5550 Wild Rose Ln  
4th Floor

City

West Des Moines

State

IA

Zip Code

50266-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437683116823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

242.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelley, Dianne, M., ,**

Mailing Address 7320 N La Cholla Blvd.  
Suite 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 Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437684516823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atkinson, Lynn, , ,**

Mailing Address 3800 Electric Road, # 406

City

Roanoke

State

VA

Zip Code

24018-4568

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 ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437687316823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Granado, Arthur, , ,**

Mailing Address 418 Peoples, # 505

City

Corpus Christi

State

TX

Zip Code

78401-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Granado Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437693216823**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathson, Heidi, , ,**

Mailing Address 1521 93rd Lane NE  
Suite 1

City  
Blaine

State  
MN

Zip Code  
55449-6187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1320 Insurance Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437693516823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Webb, Yolanda, Marie, ,**

Mailing Address 6117 Clover Ct.

City  
Chino

State  
CA

Zip Code  
91710-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Webb Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437705616823

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NIKEL, Penny, E., ,**

Mailing Address 917 S Main St., Ste 200

City  
Longmont

State  
CO

Zip Code  
80501-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nikel Insurance Associates LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437728916823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berry, Ernest, , ,**

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437737416823

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conto, Teresa, , ,**

Mailing Address 15800 Crabbs Branch Way #350

City  
Rockville

State  
MD

Zip Code  
20855-2697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437740816823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Leslie, A., ,**

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 ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437742916823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

177.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABNEY, Tommy, , ,**

Mailing Address 113 Hereford Drive

City  
Tupelo

State  
MS

Zip Code  
38804-9104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bottrell Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437745816823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Susan, Christensen, ,**

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

08 / 31 / 2017

**Transaction ID : PR437755516823**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perlson, Les, , ,**

Mailing Address 250 Crossways Park Dr

City  
Woodbury

State  
NY

Zip Code  
11797-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CB Planning

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437767516823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cade, Kareim, R., ,**

Mailing Address 28411 Northwestern Hwy., Ste 950

City  
Southfield

State  
MI

Zip Code  
48034-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great Lakes Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437778616823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Heider, Ryan, , ,**

Mailing Address 195 River Vista Place Suite #206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Ins.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437792216823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schell, Gregory, J., ,**

Mailing Address 545 South Third Street  
Suite 300

City  
Louisville

State  
KY

Zip Code  
40202-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling G. Thompson Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR437797616823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Purcilly, Amy, , ,**

Mailing Address PO Box 7028

City  
Troy

State  
MI

Zip Code  
48007-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437814916823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taggart, Liz, , ,**

Mailing Address 8530 Belnor Dr.

City  
Cicero

State  
NY

Zip Code  
13039-8845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Medicare Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437825116823**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hediger, Debbie, R., ,**

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)  
Engage PEO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2017

**Transaction ID : PR437852416823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Little, Cathy, , ,

Mailing Address 1145 2nd Street  
 #A-269

City  
 Brentwood

State  
 CA

Zip Code  
 94513-2292

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Essential Exchange Insurance Services

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR437855616823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emidy, Mike, , ,

Mailing Address P O Box 2021

City  
 Ridgeland

State  
 MS

Zip Code  
 39158-2021

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Colonial Life

Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR437878316823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lupcke, Adam, , ,

Mailing Address 600 E Lafayette Blvd.

City  
 Detroit

State  
 MI

Zip Code  
 48226-2927

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Blue Cross Blue Shield of Michigan

Occupation (for Individual)  
 Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2017

Transaction ID : PR450744816823

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

123.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waltman, Jessica, Fulginiti, ,**

Mailing Address 10 Doyle Road

City  
Wayne

State  
PA

Zip Code  
19087-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forward Health Consulting

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR470100116823

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Riley, Amanda, Danielle, ,**

Mailing Address 22706 SE 279th ST.

City  
Maple Valley

State  
WA

Zip Code  
98038-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthEquity, Inc.

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR476686816823

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wakamoto-Lee, Sue, , ,**

Mailing Address 6386 Sussex Ct

City  
Dublin

State  
CA

Zip Code  
94568-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Limelight Health

Occupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2017

Transaction ID : PR476908116823

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

157.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petersen, Benjamin, Lee, ,**

Mailing Address 12113 NW 26th Ave.

City  
Vancouver

State  
WA

Zip Code  
98685-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Nora Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

**Transaction ID : PR492528816823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morelli, Vincent, M., ,**

Mailing Address 746 5th St

City  
Lyndhurst

State  
NJ

Zip Code  
07071-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Regional Sales Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

**Transaction ID : PR511041216823**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

33037.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 182

<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 JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	7		

FEC Identification Number

C

**Transaction ID : 11491553**

Amount of Each Disbursement this Period

1046.08

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	7		

FEC Identification Number

C

**Transaction ID : 11491554**

Amount of Each Disbursement this Period

313.52

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	7		

FEC Identification Number

C

**Transaction ID : 11491555**

Amount of Each Disbursement this Period

65.13

Credit Card Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1424.73

1424.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 182

<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. Jeff Flake For Us Senate Inc**

Mailing Address PO Box 12512

City  
TempeState  
AZZip Code  
85284Purpose of Disbursement  
8/2 Dinner and 8/30 Game

011

Category/  
Type

Candidate Name

**Flake, Jeff, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

FEC Identification Number

**C** C00347260**Transaction ID : 11440332**

Amount of Each Disbursement this Period

2000.00

8/2 Dinner and 8/30 Game

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City  
LexingtonState  
KYZip Code  
40588Purpose of Disbursement  
8/18 Local Breakfast

011

Category/  
Type

Candidate Name

**Barr, Andy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2017

FEC Identification Number

**C** C00467571**Transaction ID : 11441575**

Amount of Each Disbursement this Period

1000.00

8/18 Local Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City  
TempeState  
AZZip Code  
85285Purpose of Disbursement  
Comp Events

011

Category/  
Type

Candidate Name

**Sinema, Kyrsten, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2017

FEC Identification Number

**C** C00508804**Transaction ID : 11443053**

Amount of Each Disbursement this Period

4000.00

Comp Events

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 182

<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. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon SpringsState  
FLZip Code  
34688Purpose of Disbursement  
Local Event 8/18

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, M., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

C C00408534

**Transaction ID : 11449245**

Amount of Each Disbursement this Period

1000.00

Local Event 8/18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City  
Bowling GreenState  
KYZip Code  
42102Purpose of Disbursement  
8/30 Local Meeting

011

Category/  
Type

Candidate Name

**Guthrie, Brett, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	1	7		

FEC Identification Number

C C00445023

**Transaction ID : 11488987**

Amount of Each Disbursement this Period

500.00

8/30 Local Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joni For Iowa**

Mailing Address PO Box 93441

City  
Des MoinesState  
IAZip Code  
50393Purpose of Disbursement  
Local Meeting

011

Category/  
Type

Candidate Name

**Ernst, Joni, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	1	7		

FEC Identification Number

C C00546788

**Transaction ID : 11488988**

Amount of Each Disbursement this Period

1000.00

Local Meeting

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 181 OF 182

<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. Trey For Congress**

Mailing Address PO Box 421

City  
JeffersonvilleState  
INZip Code  
47130Purpose of Disbursement  
Local Event 8/25

011

Category/  
Type

Candidate Name

**Hollingsworth, Trey, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2017

FEC Identification Number

C C00590463

**Transaction ID : 11489827**

Amount of Each Disbursement this Period

1000.00

Local Event 8/25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road, #312

City  
FairfieldState  
CTZip Code  
06824Purpose of Disbursement  
7/11 Lunch Funds Reported On <Enter Report Name Here>

011

Category/  
Type

Candidate Name

**Himes, Jim, A., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

FEC Identification Number

C C00434191

**Transaction ID : 11490149**

Amount of Each Disbursement this Period

1000.00

7/11 Lunch Funds Reported On  
<Enter Report Name Here>☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Himes For Congress**

Mailing Address 857 Post Road, #312

City  
FairfieldState  
CTZip Code  
06824Purpose of Disbursement  
7/11 Lunch Re-designated funds for trans. dated 7/10/2017

011

Category/  
Type

Candidate Name

**Himes, Jim, A., Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT District: 04

Convention2018

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

FEC Identification Number

C C00434191

**Transaction ID : 11490150**

Amount of Each Disbursement this Period

1000.00

7/11 Lunch Re-designated funds for  
trans. dated 7/10/2017☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

**TOTAL** This Period (last page this line number only).....▶

10500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 182

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wham, Scott, , ,**

Mailing Address 145 E 5th Avenue

City  
ConshohockenState  
PAZip Code  
19428-1789Purpose of Disbursement  
Mistaken Contribution

010

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

FEC Identification Number

C

**Transaction ID : 11440369**

Amount of Each Disbursement this Period

500.00

Mistaken Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Van Buren-Neff, Eleanor, K., ,**

Mailing Address 43220 Hampton Street

City  
LancasterState  
CAZip Code  
93536-1819Purpose of Disbursement  
Mistaken Contribution

010

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

FEC Identification Number

C

**Transaction ID : 11485220**

Amount of Each Disbursement this Period

365.00

Mistaken Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

865.00

865.00