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PAGE 1 / 199

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E.

FEC FORM 3X	AN	ND	DISB	URSEN	MENT	s		Office Use C	Dnly
1. NAME OF COMMITTEE (in f		e or i	PRINT ▼		mple: If typi r the lines.	ng, type	12FE4M	5	
Health Underwr	iters Politi	cal A	ction Cor	nmittee					
ADDRESS (number and		212 Nev	v York Ave						
Check if diffe		uite 110	0						
than previous reported. (AC		Vashing	ton					20005	
2. FEC IDENTIFICA	TION NUMB	ER 🔻		CITY 🔺		S	STATE 🔺	ZIP	° CODE ▲
C C00283135				3. IS THIS REPORT	~	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REP (Choose One)	ORT ((b) Mon Rep Due		Feb 20 (M2)		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Rep	orts:			Mar 20 (M3)		Jun 20 (M6)		20 (M9)	(Non-Election Year Only)
April 15 Quarterly	Report (Q1)			Apr 20 (M4)		Jul 20 (M7)	<u> </u>	20 (M10)	Jan 31 (YE)
July 15 Quarterly	Report (Q2)	(c)	12-Day PRE-Electio		Primary (12F		General		Runoff (12R)
October - Quarterly	I5 Report (Q3)		Report for t	ne:	Convention ((120)	Special (125)	
X January 3 Year-End	31 Report (YE)		E	Election on	M M /	D D /	YYYYY		the ate of
July 31 M Report (N Year Only	Ion-election	(d)	30-Day POST-Elect		General (300	G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	on Report		Report for t	Election on	M M /	D D /	Y Y Y Y		the ate of
5. Covering Period	12	D 01		019	through	M M 12	/ D D / 31	2019	Y
I certify that I have exactly that I have of Type or Print Name of	N		nd to the be Jennifer, , ,	est of my know	wledge and	belief it is true	e, correct and	l complete.	
Signature of Treasurer	Murphy, Jo	ennifer, ,	,		[Electronicall	y Filed]	ate 01	/ D D 07	/ Y Y Y Y 2020
NOTE: Submission of fa	Ilse, erroneous	, or inco	omplete infor	mation may su	bject the per	son signing th	is Report to th	ne penalties d	of 52 U.S.C. § 3010
Office Use Only									ORM 3X 05/2016

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Health Underwriters Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2019		341431.16					
	(b) Cash on Hand at Beginning of Reporting Period	361031.48						
	(c) Total Receipts (from Line 19)	46206.67	616494.73					
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	407238.15	957925.89					
	Total Disbursements (from Line 31)	25822.69	576510.43					
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381415.46	381415.46					
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00						

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

(i) Unitemized 7244.50 (ii) OTAL (add 7244.50 Lines 11(a)(i) and (ii) 46206.67 (b) Political Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry 0.00 Totals to Line 33, page 5) 46206.67 2. Transfers From Affiliated/Other 0.00 Party Committees 0.00 3. All Loans Received 0.00 4. Loan Repayments Received 0.00 5. Oftsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Oftsets To Operating Expenditures 0.00 (Bernds of Contributions Made 0.00 to Federal Account 0.00 (i) Non-Federal Account 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 9. Total Receipts (add Lines 11(d), 0.00	I. Receipts	I. Receipts COLUMN A Total This Period					
Than Political Committees 38962.17 (i) Unternized 7244_50 (ii) Onitemized 7244_50 (iii) TOTAL (add Lines 11(a)(ii) and (ii) 7244_50 (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 0.00 2. Transfers From Affiliated/Other 0.00 Party Committees 0.00 3. All Loans Received 0.00 6. Contributions Made 0.00 10 Control Contributes 0.00 (a) Non-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add Lines 11(d)) 0.00	1. Contributions (other than loans) From:	I					
(i) themized (use Schedule A) 33982.17 3392242 (ii) Unitemized	(a) Individuals/Persons Other						
(i) Unitemized 7244_50 (ii) Unitemized 7244_50 (iii) TOTAL (add 7244_50 Lines 11(a)(i) and (ii) 46206_67 (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry 46206_67 7 Transfers From Affiliated/Other 0.00 Party Committees 0.00 3. All Loans Received 0.00 4. Loan Repayments Received 0.00 5. Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 5. Offsets To Operating Expenditures 0.00 (Dividends, Interest, etc.) 0.00 Chirds of Contributions Made 0.00 to Federal Account 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 (c) Total Transfers (add Lines 11(d), 0.00	Than Political Committees						
(ii) TOTAL (add Lines 11(a)(i) and (ii)	(i) Itemized (use Schedule A)	38962.17	392242.69				
(ii) TOTAL (add Lines 11(a)(i) and (ii)							
Lines 11(a)(i) and (ii)		7244.50	224252.04				
Lines (r(a)) and (n) Image: Construct of the second of		10000 07	616404 72				
(b) Political Party Committees (c) Other Political Committees (d) Total Contributions (add Lines 111(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) • All Loans Received • All Loans Received • Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) • Ofther Federal Receipts (D) Vidends, Interest, etc.) • Other Federal Receipts (a) Non-Federal Account (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))	Lines 11(a)(i) and (ii)	46206.67	010494.73				
(b) Political Party Committees (c) Other Political Committees (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		0.00	0.00				
(such as PACs) 0.00 (d) Total Contributions (add Lines 11(d), 0.00 (d) Total Contributions (add Lines 11(d), 0.00 (d) Total Contributions (add Lines 11(d), 0.00 (d) Total Scoluble (add Lines 11(d), 0.00		0.00	49. 49. 49.				
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Party Committees Party Committees • All Loans Received • Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) • Refunds of Contributions Made to Federal Candidates and Other Political Committees (Dividends, Interest, etc.) (Dividends, Interest, etc.) (Dividends, Interest, etc.) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))		0.00	0.00				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)			47. 47. 45.				
Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees Outrest All Loans Received Otals to Line 37, page 5) Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Other Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) (Dividends, Interest, etc.) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))							
1. Transfers From Affiliated/Other Party Committees		46206.67	616494.73				
Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 (Dividends, Interest, etc.) 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (a) Non-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)). 0.00							
 All Loans Received		0.00	0.00				
Air Loans Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 Transfers from Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 . . . 0.00		4					
 Loan Repayments Received	All Loans Received		0.00				
 b. Local respondencementations c) Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) c) Refunds of Contributions Made to Federal Candidates and Other Political Committees							
 b. Lotal Tropagnine Trobatives c) Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) c) Refunds of Contributions Made to Federal Candidates and Other Political Committees	L Loan Benavments Beceived	0.00	0.00				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Carry Totals to Line 37, page 5) 0.00 3. Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees							
(Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made 0.00 0 to Federal Candidates and Other 0.00 0 Political Committees							
 B. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00				
 to Federal Candidates and Other Political Committees							
Political Committees							
 7. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00				
 (Dividends, Interest, etc.)		45 45 26	4				
 B. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) (d) Levin Funds (add Lines 11(d), 		0.00	0.00				
(from Schedule H3) 0.00 0 (b) Levin Funds (from Schedule H5) 0.00 0 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0 0. Total Receipts (add Lines 11(d), 0.00 0							
(b) Levin Funds (from Schedule H5) 0.00 0 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0 0. Total Receipts (add Lines 11(d), 0 0	(a) Non-Federal Account						
(b) Levin Funds (from Schedule H5) 0.00 0 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0 . Total Receipts (add Lines 11(d), 0 0		0.00	0.00				
 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 0.00 0.00 							
 (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 	(b) Levin Funds (from Schedule H5)	0.00	0.00				
. Total Receipts (add Lines 11(d),		-737375-	47. 47. 48.				
. Total Receipts (add Lines 11(d),	(c) Total Transfers (add 18(a) and 18(b)).	0.00	0.00				
			4				
12, 13, 14, 15, 16, 17, and 18(c))▶ 46206.67 616494.							
	12, 13, 14, 15, 16, 17, and 18(c))	46206.67	616494.73				
). Total Federal Receipts (subtract Line 18(c) from Line 19)	46206.67	616494 7				

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

	616494.73	

- 7

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 18283.43 Expenditures 1322.69 (c) Total Operating Expenditures 18283.43 (add 21(a)(i), (a)(ii), and (b)) 1322.69 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 556500.00 and Other Political Committees... 24500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 1727.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 1727.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 25822.69 576510.43 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 25822.69 576510.43

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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					1322.69
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616494.73 1727.00 614767.73 18283.43 0.00 18283.43

Page 5

Calendar Year-to-Date

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

171	EMIZED RECEIPTS		(ch	(check only one)								
11			for each category of the Detailed Summary Page	3	K 11a		11b	11c	12			
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or	for commercial purposes, other than using the	name and a	uuress of any political committe	e 10 S	UNCIT COP	ILLID	utions f	IOTTI SUCI	n committe	ee.		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Murray, Martha, , ,		Date of	Re	ceipt							
	Mailing Address 2030 Parrish Dr				M M / D D / Y Y Y Y Y 12 01 2019							
	City Santa Rosa	State CA	Zip Code 95404-2321	Transaction ID : 13509788 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		<u> </u>				12.0	0			
	Name of Employer (for Individual) J & M Murray Insurance Services, Inc.		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 394.00]								
в.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,		Date of	Re	ceipt							
	Mailing Address PO Box 629						D D D 01	/ Y	2019	Y		
	City Roanoke	State VA	Zip Code 24004-0629					1350980 eceipt th	1 his Period			
	FEC ID number of contributing federal political committee.	С			300							
	Name of Employer (for Individual) D&S Agency	Occu Brol	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4700.00]								
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Jacquet, Tara, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 4584 North Rancho Drive				12 01 2019							
	City Las Vegas	State NV	Zip Code 89130-3478				-	1350980 eceipt th	03 nis Period			
	FEC ID number of contributing federal political committee.	С			Ľ.	_	y	, ,	30.0	0		
	Name of Employer (for Individual) Branch Benefits Consultants		upation (for Individual) President		Me	emo	tem					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 300.00]									
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	342.0	0		
Т	OTAL This Period (last page this line number of	only)		→								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s) (check only one)

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PAGE 7 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13] 11 14	· -	11c	12	1 7			
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action														
A.	Full Name of Individual (Last, First, Middle Initial Martin, M. Danny, , ,) or Full O	Drga	nization Name	Date of Receipt										
	Mailing Address 1291 Jefferson Terrace	State		Zip Code											
	Macon	GA		31201-6703	Transaction ID : 13509805 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						- -				.00			
	Name of Employer (for Individual) M. Danny Martin		•	tion (for Individual) ce Advisor		М	emo	o Ite	əm						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00											
B.	Full Name of Individual (Last, First, Middle Initial Bagley, Calvin, Dean, ,		ate of	f Re	ecei	pt									
	Mailing Address 9640 W. Tropicana Avenue, Suite 10							12 01 / Y Y Y Y 2019							
	City Las Vegas	State NV		Zip Code 89147-2604				-		1350980 eceipt th	7 nis Perioc	1			
	FEC ID number of contributing federal political committee.	С				,			30	.00					
	Name of Employer (for Individual) Sun City Financial	Occ Mar	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 360.00											
с.	Full Name of Individual (Last, First, Middle Initial Kennedy-Simington, Dierdre, , ,) or Full O	Drga	nization Name		ate of	f Re	ecei	pt						
	Mailing Address 1000 E Walnut Street, Suite 236					^M 12	1	Γ	01	/ Y	ү ү 2019	Y			
	City Pasadena	State CA		Zip Code 91106-5332	A					1350981 eceipt th	1 his Perioc	1			
	FEC ID number of contributing federal political committee.	С						,		, J		.00			
	Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occi Brok	tion (for Individual)		М	emc	o Ite	em							
	Receipt For: General Primary General Other (specify) General	Aggregate	Yea	ar-to-Date ▼ 252.00											
s	UBTOTAL of Receipts This Page (optional)			•••••				,		. ,	114.	00			
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 8 OF

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111			for each category of the Detailed Summary Page		-		11b	11c	12	_ _				
ITEMIZED RECEIPTS for each category of the Detailed Summary Page Image: Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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. Moore, David, R., , Date of Receipt														
$\left\langle \right\rangle$		ion Com	mittee											
Α.		al) or Full O	rganization Name	Date of Receipt										
	Mailing Address PO Box 1006													
	0	C			<u> </u>		-		30.	00				
	David R. Moore, CLU & Associates			Me	emo) Item								
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Use separate schedule(s)

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PAGE 9 OF

			Use separate schedule(s)	(ch	(check only one)								
110			for each category of the Detailed Summary Page		* 11a 13		11b 14	11c	12	17			
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<u> </u>	IAME OF COMMITTEE (In Full)												
<u> </u>	Health Underwriters Political Act	ion Com	nmittee										
A	ull Name of Individual (Last, First, Middle Initia Smith, Paul, E., ,		Date of Receipt										
_	Iailing Address 100 Queen Street				M M / D D / Y Y Y Y 12 02 2019								
	Southington	State CT	Zip Code 06489-2052	_				1350981 Receipt th		d			
	EC ID number of contributing ederal political committee.	С			<u> </u>		-		200	0.00			
F	lame of Employer (for Individual) Paul E Smith Insurance, LLC	Occ Bro	cupation (for Individual) ker		M	emo	o Item						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00										
	ull Name of Individual (Last, First, Middle Initia Weinstein, Joshua, , ,		Date of	f Re	eceipt								
_	Nailing Address 3111 C St. Suite 500	12 / 02 / 2019 Transaction ID : 13509819											
	Sity Anchorage	State AK	Zip Code 99503-3973					1350981 Receipt th	-	Ч			
F	EC ID number of contributing ederal political committee.	contributing								0.00			
	lame of Employer (for Individual) ISQ Consulting	cupation (for Individual) oker		M	emo	o Item							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
	ull Name of Individual (Last, First, Middle Initia Harder, David, , ,	al) or Full C	Drganization Name		Date of	f Re	eceipt						
_	Aailing Address 2241 E Skelly Drive Suite 107	-			12 ^M	1	02		ү ү 2019	Ŷ			
	Sity Tulsa	State OK	Zip Code 74105-5941					1350982 Receipt th		d			
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S	lame of Employer (for Individual) Spirit Financial Concepts, Inc	Occ Owr	supation (for Individual) ner		М	emo	o Item						
F	Receipt For: Primary General Other (specify)												
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SCHEDULE A (FEC Form 3X) ____

Use separate schedule(s)	FOR LINE NUMBER:
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for each category of the Detailed Summary Page	X 11a 11b

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)									
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Hogeland, Charlene, M., ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3800 N Central Ave Ninth Floor			12 D D / Y Y Y Y 2019									
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 13509824 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Black, Gould & Associates	Occ Sale	upation (for Individual) es	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00]									
Full Name of Individual (Last, First, Middle B. Shaw, Wanda, D., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name											
Mailing Address 212 South 10 Street			Date of Receipt									
City Griffin	State GA	Zip Code 30224-2804	Transaction ID : 13509825 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Middle C. Fitzgerald, Robert, Mark, ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 185 Fowler St			M M / D D / Y Y Y Y 12 03 2019									
City Woodstock	State GA	Zip Code 30188-5023	Transaction ID : 13517140 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occ Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00]									
SUBTOTAL of Receipts This Page (optional)		200.00									
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PAGE 10 OF

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PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using t			rson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee												
Full Name of Individual (Last, First, Middle A. Dinkel, Matthew, Kim, , Mailing Address 13700 Six Mile Cypress Pkv		rganization Name	Date of Receipt 12 12 12 12 13 13 13 10 13 10 13 13											
City Fort Myers	State FL	Zip Code 33912-4324												
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) AWA Insurance Agency	Occ Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00												
B. King, Carolyn, J., ,	· · ·													
Mailing Address 6 Country Lane	State	Zip Code	12 03 2019 Transaction ID : 13517144											
Sussex	NJ	07461-4630	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Carolyn J King Insurance	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00												
Full Name of Individual (Last, First, Middle Stockstill, Julia Beckie, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 125 E. San Augustine			12 / D D / Y Y Y Y 12 03 2019											
City Deer Park	State TX	Zip Code 77536-4160	Transaction ID : 13517145 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		45.00											
Name of Employer (for Individual) Stockstill & Associates	Occi Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 531.00												
SUBTOTAL of Receipts This Page (optional).		•	160.00											
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PAGE 12 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12							
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Any information copied from such Reports and or for commercial purposes, other than using																
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	imittee														
Full Name of Individual (Last, First, Middle Warwick, John, L., ,	Initial) or Full C	rganization Name	Date of Receipt													
Mailing Address 1907 B Mangrove Ave.			12 03 / Y Y Y Y 2019													
City Chico	State CA	Zip Code 95926-2381						851714								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00													
Name of Employer (for Individual) John Warwick Insurance Services	Occ	upation (for Individual) ker		Me	∋mo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00														
Full Name of Individual (Last, First, Middle 3. Rice, Patty, A., ,		Date of Receipt														
Mailing Address 3810 69th Ave W	12 04 Y Y Y Y Y Y 12 04 2019															
City Tacoma	State WA	Zip Code 98466-5173		Transaction ID : 13518608 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С					-	_	-	25.	00						
Name of Employer (for Individual) Cascade Valley Insurance		upation (for Individual) nior Account Manager		Me	emo	Item										
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼															
Full Name of Individual (Last, First, Middle 2. Vanduyn, Melissa, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt										
Mailing Address 32 Fox Chase Run				^M 12	/	D 0	D)4	/ Y	ү ү 2019	Y						
City Hillsborough	State NJ	Zip Code 08844-2130				-	-	351860 eipt thi	9 is Period							
FEC ID number of contributing federal political committee.	С					,		9	12.	00						
Name of Employer (for Individual) FNA		upation (for Individual) President		Me	emo	Item	I									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 394.00														
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mid A. Ashby, Thomas, F., ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address P. O. Box 70			12 04 2019										
City Zirconia	State NC	Zip Code 28790-0070	Transaction ID : 13518617 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		42.00										
Name of Employer (for Individual) Senior Healthcare Solutions, Inc.	Occi Brok	upation (for Individual) Ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]										
Full Name of Individual (Last, First, Mid B. Viola, Robert, , ,	Date of Receipt												
Mailing Address 2 Radnor Corp Center,	12 04 2019												
City Wayne	State PA	Zip Code 19087-4514	Transaction ID : 13518619 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) The Megro Corporation	Occi Owr	upation (for Individual) ner	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]										
Full Name of Individual (Last, First, Mid C. Mochan, Damian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 100 Radnor Rd Ste 202			12 / D D / Y Y Y Y 12 04 2019										
City State College	State PA	Zip Code 16801-7986	Transaction ID : 13518620 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) Central PA Benefit Solutions	Occu Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]										
SUBTOTAL of Receipts This Page (option			142.00										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □								
			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl A. Kennedy, Tamara, P., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7310 N. 16th Street, Suite	e 226		M M / D D / Y Y Y Y 12 04 2019								
City Phoenix	State AZ	Zip Code 85020-8212	Transaction ID : 13518621 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occi Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	1								
Full Name of Individual (Last, First, Middl B. Zavala, Tony, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zavala, Tony, , ,										
Mailing Address 4814 Cranbrook Dr E	1		12 / D D / Y Y Y Y 12 04 2019								
City Colleyville	State TX	Zip Code 76034-4359	Transaction ID : 13518622 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		63.00								
Name of Employer (for Individual) Frost Insurance	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 693.00]								
Full Name of Individual (Last, First, Middl C. Quinn, Cody, J., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 343 Waller Avenue Suite 101			M M / D D / Y Y Y Y 12 05 2019								
City Lexington	State KY	Zip Code 40504-2912	Transaction ID : 13518763 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		12.00								
Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 282.00	1								
SUBTOTAL of Receipts This Page (optional	l)		160.00								
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciti		conti	ributic	ons			
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Ini Hepscher, William, , ,	tial) or Full O	rganization Name		Date of	Re	ceip	t								
	Mailing Address 38168 Medical Center Avenue		12 05 / Y Y Y Y 12 05 2019													
	City Zephyrhills	State FL	Zip Code 33540-1380	/	Trans Amount							riod				
	FEC ID number of contributing federal political committee.	С					- J -		- 7			85.00)			
	Name of Employer (for Individual) The Canadian Medstore	ipation (for Individual) er		Me	emc	lter	n									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1145.00													
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gussin, Craig, , ,						ceip	t								
	Mailing Address 701 Palomar Airport Road #260						12 05 / Y Y Y Y 12 05									
	City Carlsbad	State CA	Zip Code 92011-1047		Transaction ID : 13518765 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					-		- 7		1	00.00)			
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occi Broł	upation (for Individual) Ker		Me	emc	lter	n								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]												
	Full Name of Individual (Last, First, Middle Ini Shepard-Hall, Julie, A., ,	tial) or Full O	rganization Name		Date of	Re	ceip	t								
	Mailing Address 3913 N. Post St		I		12 05 2019											
	City Spokane	State WA	Zip Code 99205-1149	/	Trans Amount							riod				
	FEC ID number of contributing federal political committee.	С					y		, y			15.00)			
	Name of Employer (for Individual) Integrity Insurance Solutions, LLC	Occu Brok	ipation (for Individual) er		M	emo) Iter	n								
	Receipt For: Primary General Other (specify)	Aggregate														
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PAGE 16 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Midd A. Allumbaugh, Joel, C., ,		rganization Name	Date of Receipt							
Mailing Address 6 E. Chestnut St., Suite 8	520		12 05 / Y Y Y 2019							
City Augusta	State ME	Zip Code 04330-5759	Transaction ID : 13518768 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) National Worksite Benefit Group	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼										
Full Name of Individual (Last, First, Midd B. Whaley, Cynthia, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Whaley, Cynthia									
Mailing Address 408 N. Washington Stree Suite A			12 05 <u>YYYY</u> 2019							
City Easton	State MD	Zip Code 21601-3704	Transaction ID : 13518769 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Midd C. Michaels, Norman, Joseph, ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 75 NO CENTREAL AVE			M M / D D / Y Y Y Y 12 05 2019							
City Elmsford	State NY	Zip Code 10523	Transaction ID : 13518770 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Tristate Pay	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]							
SUBTOTAL of Receipts This Page (optional	al)		90.00							
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SCHEDULE A (FEC Form 3X) -

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	f soliciting	g contrib	outio	ns					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee													
A.	Full Name of Individual (Last, First, Middle Initi Sweatt, Shelly, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 14 Commerce Road				12 05 / Y Y Y Y 12 05 2019											
	City Newtown	State CT	Zip Code 06470-1607					: 1351877 Receipt th		bd						
	FEC ID number of contributing federal political committee.	С						-	3	0.00						
	Name of Employer (for Individual) TR Paul, Inc.	Occı Brok	upation (for Individual) ker		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]												
B.	Full Name of Individual (Last, First, Middle Initi DeBruin, Teresa, F., ,	al) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 45 Technology Pkwy South Suite 225	01-1-			12 / 06 / 2019											
	City Peachtree Corners	State GA	Zip Code 30092-3456	-	Transaction ID : 13519137 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00												
	Name of Employer (for Individual) DeBruin Benefit Services, Inc.	Occu Brol		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate]													
с.	Full Name of Individual (Last, First, Middle Initi Sklar, Erika, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 1415 Walton Blvd				^M 12	1	06		2019	Y]					
	City Rochester Hills	State MI	Zip Code 48309-1775					: 1351913 Receipt th		bd						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	7	6	3.00						
	Name of Employer (for Individual) The Crawford Insurance Group	Occu Brok	upation (for Individual) er		M	em	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1056.00]												
	UBTOTAL of Receipts This Page (optional)			▶ ▶			, .		14	3.00						

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	ion Com	mit	tee														
Α.	Full Name of Individual (Last, First, Middle Initia Niederman, Tammy, Lyn, , Mailing Address 10042 Silver Maple Circle	al) or Full O	rgan	ization Name	Date of Receipt													
	City	State CO		Zip Code 80129-5420							351913							
	Highlands Ranch FEC ID number of contributing federal political committee.	C		00123-0420	Amount of Each Receipt this Period													
	Name of Employer (for Individual) Avesis Receipt For: Primary General Other (specify) ▼	Aggregate	ker	on (for Individual) r-to-Date ▼ 476.00		M	emc	o l	tem									
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Webb, Charles, A., , Mailing Address 2670 Electric Rd								Date of Receipt									
	City Roanoke FEC ID number of contributing federal political committee. Name of Employer (for Individual) Innovative Insurance Group Receipt For:	State VA C D Brol Aggregate	ker	Zip Code 24018-3511		12 06 2019 Transaction ID : 13519140 Amount of Each Receipt this Period 250.00 Memo Item												
	Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia Whitfield, Pamela, A., ,	al) or Full O	, Drgan	3100.00 ization Name														
	Mailing Address 341 W. Tudor Rd. #207					Date of Receipt												
	City	State AK		Zip Code							351914							
	Anchorage FEC ID number of contributing federal political committee.	C		99503-6648		Amoun	t of	E:	ach I	Re	ceipt th	iis Pe	əriod 30.0	0				
	Name of Employer (for Individual)	Occu Brok	•	on (for Individual)		M	emo	o I	ltem									
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)			0 10 3									
\rangle	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Cupo, Gary, V., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address Fairfields Commons 271 Route 46 West Suite F-109				12 ^M	1	06	/ Y	2019	Y			
	City	State	Zip Code	_	12 06 2019 Transaction ID : 13519142								
	Fairfield	NJ	07004-2447	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							30.0	00			
	Name of Employer (for Individual) Benefit Solutions		upation (for Individual) Ith Insurance Specialist		Me	emo	tem						
	Receipt For:	Aggregate	Year-to-Date ▼ 330.00	1									
	Fail Manage of Individual (Last First Middle Indi		un di su blanca										
в.	Full Name of Individual (Last, First, Middle Initia Sokol, David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 901 Wilshire Drive Suite 330	Suite 330						/ Y	y y 2019	Ŷ			
	City	State	Zip Code		Trans	acti	on ID :	1351914	3	_			
	Troy	MI	48084-5611		Amount	of	Each R	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				170.0	00			
	Name of Employer (for Individual) Wilshire Benefits Group Inc		upation (for Individual) sident/CEO		Me	emo	ltem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		2040.00										
C.	Full Name of Individual (Last, First, Middle Initia Combs, Susan, L., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 234 Fifth Ave Ste 512 City	State	Zip Code		12 12	'	06		2019	Y			
	New York	NY	10001-7607					1351914 eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С					,	,	42.0	00			
	Name of Employer (for Individual) Combs & Company, LLC	Occi Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]									
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	242.0	00			
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SCHEDULE A (FEC Form 3X)

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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big)$	Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Odegard, James, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 21308 John Milless Drive Suite 102				^M 12	/	/ D D / Y Y Y Y 06 2019					
	City Rogers	State MN	Zip Code 55374-4875	Transaction ID : 13519145 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		4								
	Name of Employer (for Individual) Odegard Benefit Services, LLC	Occu Brok	upation (for Individual) er		Me	emc	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	1								
в.	Full Name of Individual (Last, First, Middle Initia Brachlow, Michael, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1133 Westchester Ave, Suite S		^M ^M 12	/	D	р 6	/ Y	2019	Y]		
	City White Plains	State NY	Zip Code 10604-3546		Transaction ID : 13519147 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			0	-	Tiec			20.00		
	Name of Employer (for Individual) BenefitMall		upation (for Individual) cutive Sales Director		Me	emc	Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		, 240.00]								
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address P O Box 5154				^M 12	1	D	р 6	/ Y	2019	Y	1
	City San Ramon	State CA	Zip Code 94583-5154						3 51922 eipt th	3 is Perio	bc	
	FEC ID number of contributing federal political committee.	С					y		y	50	0.00	
	Name of Employer (for Individual) Lincoln Financial Group	Occu Brok		M	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)			•			,		,	56	2.00]

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

(check only one)

PAGE 21 OF

			Detailed Summary Page	×			11b		11c	12	—					
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	nittee			_										
Α.	Full Name of Individual (Last, First, Middle Initial Daidone, Grace, , ,	l) or Full Or	ganization Name	[Date o	f Re	eceip	ot		_	_					
	Mailing Address 3301 S. Virginia				м м 12	1	D	07	/ Y	ү 2019	Y					
	City Reno	State NV	Zip Code 89502-4516						351937 ceipt th	5 is Period						
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer (for Individual) A and H Insurance, Inc.	Occu Brok	pation (for Individual) er		М	emc	o Itei	m								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]												
	Full Name of Individual (Last, First, Middle Initial Chubet, Julie, , ,	l) or Full Or	ganization Name		Date o	f Re	eceip	ot								
	Mailing Address 386 Main St.				^M M 12	/	D	07	/ Y	2019	Y					
	City Middletown	State CT	Zip Code 06457-3360						351937 ceipt th	7 is Period						
	FEC ID number of contributing federal political committee.	С				-		-	30.	00						
	Name of Employer (for Individual) NFP	Occu Brok	ipation (for Individual) er		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00													
	Full Name of Individual (Last, First, Middle Initia Sautter, Robert, E., ,	l) or Full Or	ganization Name		Date o	f Re	eceip	ot								
	Mailing Address 36 South 400 West Suite 201	Ctoto	Zin Code		12 12	J.		07		2019	Y					
	City Vineyard	State UT	Zip Code 84058-5370	/					351937 ceipt th	9 is Period						
	FEC ID number of contributing federal political committee.	С		42.00												
	Name of Employer (for Individual) Paylogics Receipt For:	Clien	pation (for Individual) t Adviser		M	emo	o Ite	m								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]]											
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	ME OF COMMITTEE (In Full) ealth Underwriters Political Act	ion Com	mittee										
	Name of Individual (Last, First, Middle Initiatione, Rebecca, , ,	al) or Full O	organization Name		Date of Receipt								
Mai	ling Address 115 Lessard St				12 07 Y Y Y Y 12 07 2019								
City Do	naldsonville	State LA	Zip Code 70346-2505		Transaction ID : 13519380 Amount of Each Receipt this Period								
	C ID number of contributing eral political committee.	С							.00				
	ne of Employer (for Individual) nana	Occu Mar		M	emc	tem							
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
	Name of Individual (Last, First, Middle Initiandorf, Paul, , ,	al) or Full O	organization Name		Date of	f Re	eceipt						
Mai	ling Address 31666 W. Nine Dr.				12 07 / Y Y Y Y 12 12 17 17 17 17 17 17 17 17 17 17 17 17 17								
City Lag	yuna Niguel	State CA	Zip Code 92677-2955		Transaction ID : 13519382 Amount of Each Receipt this Perio								
	C ID number of contributing eral political committee.	С						85	.00				
	ne of Employer (for Individual) ependent Financial Group LLC	Occi Age	upation (for Individual) ent		M	emc	tem						
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]									
	Name of Individual (Last, First, Middle Initiation Name of Individual (Last, First, Middle Initiation Name of Individual (Last, Single Angle Ang	al) or Full O	organization Name		Date of	f Re	eceipt						
Mai	ling Address 8000 Bonhomme Ave., # 213				^M 12	/	07		2019	Y			
City Sa	, int Louis	State MO	Zip Code 63105-3515					1351938 Receipt th		d			
	C ID number of contributing eral political committee.	С		63.00									
The	ne of Employer (for Individual) Bremer Group, LLC	Occu Brok	upation (for Individual) ker		М	emo	tem						
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00]									
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SCHEDULE A (FEC Form 3X) _____ _

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PAGE 23 OF

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NAME OF COMMITTEE (In Full)					Satisfie							
> Health Underwriters Politic	al Action Com	mittee										
Full Name of Individual (Last, First, Mi A. Deru, Scott, E., ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 336				12 07 Y Y Y Y 12 07								
City Layton	State UT	Zip Code 84041-0336	Transaction ID : 13519389 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		100.00									
Name of Employer (for Individual) Fringe Benefits Analysts		upation (for Individual) sident		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1									
Full Name of Individual (Last, First, Mi B. Wood, Lynnette, , ,	ddle Initial) or Full O	rganization Name	Date	of R [,]	eceipt							
Mailing Address 4730 Business Park B			12		07) / Y	y y 2019	Y				
City Anchorage	State AK	Zip Code 99503-7137				1351939						
FEC ID number of contributing federal political committee.	C						nis Period 30.0	00				
Name of Employer (for Individual) ANI	Occ Bro	upation (for Individual) ker		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
Full Name of Individual (Last, First, Mi C. Sheehan, Norman, , ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 808 Beaver St			M 12	2	07		2019 [°]	Y				
City Santa Rosa	State CA	Zip Code 95404-3731				: 1351939 Receipt th	91 nis Period					
FEC ID number of contributing federal political committee.	C				, i		20.0	00				
Name of Employer (for Individual) Norman Sheehan Insurance Agency	Occi Age	upation (for Individual) nt		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1									
SUBTOTAL of Receipts This Page (option	onal)				, . ,		150.0	00				
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SCHEDULE A (FEC Form 3X)

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11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose o	f soliciting	g contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Torban, Eric, , ,	ll) or Full O	rganization Name	Date of Receipt									
	Mailing Address 630 W Germantown PikeSTE 2	15			12 07 Y Y Y Y 2019								
	City Plymouth Meeting	State PA	Zip Code 19462-1069	Transaction ID : 13519394 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Emerson Reid & Co		upation (for Individual) ter Relationship Manager		Me	emo	b Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
в.	Full Name of Individual (Last, First, Middle Initia Galardini, Richard, F.,,	l) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 7000 Stonewood Dr Suite 251	-			^M 12	/	08		2019	Y			
	City Wexford	State PA	Zip Code 15090-7376					1351939 Receipt th					
	FEC ID number of contributing federal political committee.	С	125.00										
	Name of Employer (for Individual) JRG Advisors, LLC	Occu Cha	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00										
С.	Full Name of Individual (Last, First, Middle Initia Balla, Donald, L., ,	l) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 371 Steeplechase Drive				^M 12	1	08		2019	Y			
	City Cranberry Twp	State PA	Zip Code 16066-2239					: 1351939 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	y	30.	00			
	Name of Employer (for Individual) CHS Alera Group	Occu Brok	upation (for Individual) er		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate											
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PAGE 25 OF

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	ny information copied from such Reports and Stat for commercial purposes, other than using the n													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Fusco, Joan, A., ,	l) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 25B Hanover Rd., Suite 220				12 / D D / Y Y Y Y 12 08 2019									
	City Florham Park	State NJ	Zip Code 07932-1443	Transaction ID : 13519400 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		100.00										
	Name of Employer (for Individual) Savoy Associates	Occu Brok	upation (for Individual) Ter		Me	emc	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
B.	Full Name of Individual (Last, First, Middle Initia Rice, Russell, Lee, ,	l) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 8830 Buckskin Dr	State Zip Code						B /	2	019	Y			
	Boerne	TX	78006-5554		Transa Amount			: 13519/ Receipt	-	Period				
	FEC ID number of contributing federal political committee.	С			[.					85.0	0			
	Name of Employer (for Individual) AVESIS, Inc.	Occupation (for Individual) Broker				emc	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1770.00											
С.	Full Name of Individual (Last, First, Middle Initia Tandrow, Tara, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address P O Box 5815				^M 12	1	0			019	Y			
	City Boise	State ID	Zip Code 83705-0815		Trans Amount			: 13519 Receipt		Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	9	y		30.0	0			
	Name of Employer (for Individual) HUB International	Occu Brok	ipation (for Individual) er		Me	emo) Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00											
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than us	and Statements may not be sold or used by any p sing the name and address of any political committee	erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Committee										
Full Name of Individual (Last, First, Mid A. Casinelli, Patrick, , ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 450 B St # 1800	State Zip Code	12 08 2019 Transaction ID : 13519403									
San Diego	CA 92101-8005	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	63.00									
Name of Employer (for Individual) Cavignac & Associates	Occupation (for Individual) Principal	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00]									
Full Name of Individual (Last, First, Mid B. Matsushita, David, , ,	Date of Receipt										
Mailing Address 25B Hanover Road Su	Mailing Address 25B Hanover Road Suite 220										
City Florham Park	StateZip CodeNJ07932-1443	Transaction ID : 13519404 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	50.00									
Name of Employer (for Individual) Savoy Associates	Occupation (for Individual) Senior Account Executive	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]									
Full Name of Individual (Last, First, Mid C. Shores, Thomas, E., ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 8596 W Bolsa Ct.		M M / D D / Y Y Y Y 12 08 2019									
City Boise	StateZip CodeID83709-5196	Transaction ID : 13519405 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	42.00									
Name of Employer (for Individual) T.A. Shores Inc.	Occupation (for Individual) Broker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 546.00]									
SUBTOTAL of Receipts This Page (optic	nal)	155.00									
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IΤ	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck onl	у о	ne)							
11			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		Г	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	L ay not be sold or used by any p Iddress of any political committe	person	for the	pur ntrik	pose of	f solicitin	g contr	ributic	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Theesfeld, Angela, A., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 403 Toyah Brk				M M / D D / Y Y Y Y 12 08 2019									
	City San Antonio	State TX	Zip Code 78258-2564					: 1351940 Receipt tl		riod				
	FEC ID number of contributing federal political committee.	С		42.0										
	Name of Employer (for Individual) Davidson Camp Insurance Services, LLC		upation (for Individual) ount Executive		М	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.00											
в.	Full Name of Individual (Last, First, Middle Initia Patrician, James, P., , Mailing Address 923 N. Plum Grove Road, Suite		rganization Name		Date of	f Re	eceipt	D / Y	Y	YYY	_			
	City	State	Zip Code		12 Trans	act	08 : ion ID	1351940	2019)9	Э				
	Schaumburg	IL	60173-5152		Amoun	t of	Each F	Receipt th	his Per	iod				
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	Name of Employer (for Individual) Coordinated Benefits Company		upation (for Individual) sident		М	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
c.	Full Name of Individual (Last, First, Middle Initia Pendergraft, Ross, W., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300	1	1		^M 12		08	3	2019					
	City Woodland Hills	State CA	Zip Code 91367-6476					: 135194 Receipt tl		riod				
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	Name of Employer (for Individual) Leavitt Group	Occu Brok	upation (for Individual) ker		M	emo	o Item							
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\vdash	UBTOTAL of Receipts This Page (optional)				Ľ.	-	, . , .	· ·	1	52.00				

SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mic A. Schwartz, Matt, B., ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2950 Breckenridge Lar	ne, Suite 8		12 08 2019							
City Louisville	State KY	Zip Code 40220-1462	Transaction ID : 13519412 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Schwartz Insurance Group Receipt For:	Brol	upation (for Individual) ker Year-to-Date ▼	Memo Item							
Other (specify) ▼		1020.00]							
Full Name of Individual (Last, First, Mic B. Redmon, Bridget, L., ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2684 Charlestown Roa	d		12 08 2019							
City New Albany	State	Zip Code 47150-2537	Transaction ID : 13519413							
FEC ID number of contributing federal political committee.	С	4/130-2337	Amount of Each Receipt this Period							
Name of Employer (for Individual) ISU Insurance & Investment Group	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name of Individual (Last, First, Mic Garcia, J., Michael, ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 820 Jordan Street Suite 400	State	Zin Oode								
City Shreveport	LA	Zip Code 71101-4522	Transaction ID : 13519416 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Moreman,Moore & Co. Inc. Receipt For:		upation (for Individual) s Manager	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]							
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		111		11c	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		rpos	e of s	soliciting	g contrib	utions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	nmittee											
A.	Full Name of Individual (Last, First, Middle Initial) Renkar, Christopher, J., ,	or Full C	Drganization Name	[Date of Receipt									
	Mailing Address 8814 Fargo Road Suite 125 City	State	Zip Code		12 09 2019 Transaction ID : 13519425									
	Richmond	VA	23229-4628							nis Perio	d			
	FEC ID number of contributing federal political committee.	С			30									
	Name of Employer (for Individual) Independent Benefits LLC	Occ Bro	cupation (for Individual) ker	Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	0										
в.	Full Name of Individual (Last, First, Middle Initial) Eckard, Brenda, A., ,	or Full C	Drganization Name		Date o	of Re	eceij	pt						
	Mailing Address 130 North 25th Street				12 09 2019									
	City Fort Dodge	State IA	Zip Code 50501-4338		Transaction ID : 13519426 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer (for Individual) KHI Solutions		cupation (for Individual) oker		N	/lemo	o Ite	em						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00											
С.	Full Name of Individual (Last, First, Middle Initial) Scholz, Paul, Joseph, ,	or Full C	Drganization Name		Date (of Re	eceij	pt						
	Mailing Address 4221 N 203rd St Ste 200	0444-	Zin Onde		[™] 12		L	09	L	2019	Y			
	City Elkhorn	State NE	Zip Code 68022-3473						351942 ceipt th	27 nis Perio	d			
	FEC ID number of contributing federal political committee.	С					J				00			
	Name of Employer (for Individual)	Occ Brol	cupation (for Individual) ker		ľ	Nemo	o lte	em						
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1170.00											
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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			Use separate schedule(s)	(ch	(check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		K 11a		11b	11c	12				
	tion copied from such Reports and S nercial purposes, other than using the												
\	DF COMMITTEE (In Full)	name and a		0 10 3									
\	n Underwriters Political Ac	tion Com	mittee										
A. Buffing	ne of Individual (Last, First, Middle Init ton, Tammy, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing A	Address 3112 South 13th				^M 12	/	D D 09	/ Y	ү ү 2019	Y			
City Lincoln		State NE	Zip Code 68502-4514					1351942 eceipt th	28 nis Period				
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	ne of Individual (Last, First, Middle Init n, Charles, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	Address 6185 Magnolia Ave Ste 319				^M 12	1	09	/ Y	2019	Ŷ			
City		State CA	Zip Code					1351942					
Riverside			92506-2524		Amount	of	Each R	eceipt th	nis Period				
	number of contributing olitical committee.	C			Ŀ	_			30.0	0			
Name of Jimison I	Employer (for Individual) nsurance	Occi Age	upation (for Individual) nt		Me	emc	Item						
Receipt I		Aggregate	Year-to-Date V										
	mary General ner (specify) ▼		270.00										
c . Deag	ne of Individual (Last, First, Middle Init Ie, Michael, P., ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	Address 935 National Parkway Suite 93550				12 ^M	/	09		2019 [°]	Y			
City Schaum	burg	State IL	Zip Code 60173-5150	_				1351943 eceipt th	31 nis Period				
	number of contributing olitical committee.	С			<u> </u>		,	,	166.6	67			
BenAxis,		Occu Brok	upation (for Individual) er		M	emo	tem						
	For: mary General ner (specify)	Aggregate	Year-to-Date ▼ 2500.04]									
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	y information copied from such Reports and Sta for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full)																
	Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Meredith, Griffin, , ,	al) or Full O	rganization N	ame		Date of Receipt											
	Mailing Address 550 S 5th St Unit 303		12 ^M	1		09	/ Y) 19	Ŷ							
	City	State	Zip Code							351943							
	Louisville	KY	40202-	4309		Amount	t of	Ead	ch Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С			85.00 Memo Item												
	Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Ir sident	ndividual)													
	Receipt For:	Aggregate	Year-to-Date	•													
	Primary General Other (specify) ▼			680.00]												
в.	Full Name of Individual (Last, First, Middle Initia Snowden, Scott, D., ,	al) or Full O	rganization N	ame		Date of	Re	ecei	pt								
	Mailing Address 812 Lyndon Lane, Suite 101					^M ^M 12	/	D	09	/ Y	ү 20	19	Y				
	City	State	Zip Code	9		Trans	acti	ion	ID : 1	351943	3						
	Louisville	KY	40222-3	3844		Amount	t of	Ead	ch Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С				30.00											
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occ Bro	upation (for Ir ker	ndividual)		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	360.00													
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Blomgren, Laura, , ,	al) or Full O	rganization N	ame		Date of	Re	ecei	pt								
	Mailing Address 935 National Parkway Suite 93550					^M 12	1		09	/ Y		19	Y				
	City	State	Zip Code							351943							
	Schaumburg	IL	60173-5	UGIO		Amount	t of	Ead	ch Re	ceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С					9		,		30.0	0					
	Name of Employer (for Individual) BenAxis, Inc.	Occi Brok	Memo Item														
	Receipt For:	Aggregate	Year-to-Date	•													
	Other (specify)			360.00													
	UBTOTAL of Receipts This Page (optional)				• •			9		5		145.0	0				
	OTAL This Period (last page this line number of	· · · · y) · · · · · · · · · · · · ·	••••••	••••••		- الم	1.00	-	-		1	1.00	and the second second				

SCHEDULE A (FEC Form 3X)

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for each category of the
Detailed Summary Page

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name and add tion Comn ial) or Full Org State IA C Occup Broke Aggregate Y	anization Name Zip Code 52722-6206 ation (for Individual)	Image: Second structure 11a 11b 11c 12 Image:
name and add tion Comn ial) or Full Org State IA C Occup Broke Aggregate Y	anization Name Zip Code 52722-6206 ation (for Individual) r ear-to-Date ▼ 850.00	Date of Receipt M M / D P / Y Y Y Y 12 09 / 2019 Transaction ID : 13519435 Amount of Each Receipt this Period
tion Comn iial) or Full Org State IA C Occup Broke Aggregate Y	nittee anization Name Zip Code 52722-6206 ation (for Individual) r ear-to-Date ▼ 850.00	Date of Receipt 12 09 2019 Transaction ID : 13519435 Amount of Each Receipt this Period 85.00
ial) or Full Org	anization Name Zip Code 52722-6206 ation (for Individual) r ear-to-Date ▼ 850.00	M M
State IA C Occup Broke Aggregate Y	Zip Code 52722-6206 ation (for Individual) r ear-to-Date 850.00	M M
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Occup Broke Aggregate Y	r ear-to-Date ▼ 850.00	
Aggregate Y	r ear-to-Date ▼ 850.00	Memo Item
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ial) or Full Org	anization Name	
		Date of Receipt
		12 09 2019
State	Zip Code	Transaction ID : 13519436
IX	78257	Amount of Each Receipt this Period
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		Memo Item
Aggregate Y	ear-to-Date 🔻	
	, 360.00	
ial) or Full Org	anization Name	Date of Receipt
		12 / D D / Y Y Y Y 2019
MN	55420-3473	Transaction ID : 13519438 Amount of Each Receipt this Period
С		85.00
		Memo Item
Aggregate Y	ear-to-Date ▼ 1270.00	
	••••••	200.00
	TX C Occup Broke Aggregate Yr Aggregate Yr Al) or Full Org State MN C Occup Broker Aggregate Yr	TX 78257 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ al) or Full Organization Name State MN Zip Code 55420-3473 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 1270.00

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
			13 14 15 16 17 person for the purpose of soliciting contributions per to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Midd Sansevieri, Paul, F., ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P O Box 641			M M / D D / Y Y Y Y 12 09 2019								
City Corona Del Mar	State CA	Zip Code 92625-0641	Transaction ID : 13519440 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Sansevieri Insurance Services, Inc.	Occi Owr	upation (for Individual) ner	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]								
Full Name of Individual (Last, First, Midd B. Wright, Geoffrey, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 408 N Tioga Street	Otata	Zin Oode	12 / D D / Y Y Y Y Y 12 09 2019								
City Ithaca	State NY	Zip Code 14850-4275	Transaction ID : 13519441 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) New York Life	Occi Age	upation (for Individual) nt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]								
Full Name of Individual (Last, First, Midd C. Knight, Ronald David, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 507			12 10 Y Y Y Y Y 12 10 2019								
City Carrollton	State GA	Zip Code 30112-0009	Transaction ID : 13520258 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Receipt For:	Brok		Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	Monthly Contribution								
SUBTOTAL of Receipts This Page (optional	al)		385.00								
TOTAL This Period (last page this line num	nber only)										

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			for each category of the Detailed Summary Page	×	11a 13		11	-	11c	12	17					
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Ini Blanco, Jose, , , Mailing Address 155 2nd Avenue, North	itial) or Full O	Organization Name		Date of Receipt											
	Suite 201	State	Zip Code		12 Trans	sacti	ion	10 1 D : 1	352025	2019 5 9						
	Twin Falls FEC ID number of contributing federal political committee.	C	83301-6163	/ A	Amoun	t of	Ea	ach Re	eceipt th	nis Period 30.0	00					
	Name of Employer (for Individual) Aflac		upation (for Individual) urance Agent		м	emo	o Ite	em	<u> </u>							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00													
B.	Full Name of Individual (Last, First, Middle Ini Norris, Michael, A., , Mailing Address 295 E Palmer Street	itial) or Full O	Organization Name		Date o		_	ipt			V					
	City Franklin	State NC	Zip Code 28734-3049		12 Trans	acti	ion	10 I D : 1	352026	2019						
	FEC ID number of contributing federal political committee.	С			42.00											
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occ	upation (for Individual) ker		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	1												
C.	Full Name of Individual (Last, First, Middle Ini O'Connell, Daniel, J., ,	tial) or Full O	Organization Name		Date o	f Re	ecei	ipt								
	Mailing Address 5080 Spectrum Dr Suite 1200E	State	Zip Code		м м 12 Тгара		L	10 10	/ Y	2019	Y					
	Addison	TX	75001-4625	/						nis Period						
	FEC ID number of contributing federal political committee.	С					y		9	85.	00					
	Name of Employer (for Individual) Next Level Insurance Agency Receipt For:	Vice	upation (for Individual) President		M	emc	o Ite	em								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]												
s	UBTOTAL of Receipts This Page (optional)						y		7	157.0	00					
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PAGE 35 OF

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	of COMMITTEE (In Full) th Underwriters Political Act	tion Com	mittee																		
	ume of Individual (Last, First, Middle Initi , Samuel, , ,	al) or Full O		Date of Receipt																	
	Mailing Address 17117 Oak Drive Suite D City State Zip Code								12 / D D / Y Y Y Y 12 10 2019 Transaction ID : 13520265												
City Omaha	a	State NE	· · ·	Jode 130-2193							5 nis Perioc	4									
) number of contributing political committee.	С						-				.00									
Compa	of Employer (for Individual) Iss Benefit Advisors	Occ Brol	•	or Individual)		N	/lemo	o It	em												
	t For: Primary General Dther (specify) ▼	Aggregate	Year-to-E	0ate ▼ 1245.00																	
	me of Individual (Last, First, Middle Initi , David, L., ,	al) or Full O	rganizatio	on Name		Date o	of Re	ece	ipt												
	Address 400 Sunrise Avenue, Suite 150					[™] 12	И /		D D 10	/ Y	y y 2019	Y									
City Rosevi	ile	State CA	· · ·	Code 661-4106						1 352026 eceipt th	i 6 his Perioc	ł									
) number of contributing political committee.	С		30.00 Memo Item																	
	of Employer (for Individual) r & Fear General Agency, Inc	Occ Bro																			
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-E	Date ▼ 330,00																	
	ume of Individual (Last, First, Middle Initi ss, David, R., ,	al) or Full O	rganizatio	on Name		Date o	of Re	ece	ipt												
	Address 5556 Cheviot Rd. Suite B					[™] 12		L	10		2019 Y	Y									
City Cincin	nati	State OH	· · ·	Code 247-5202						1352026 eceipt th	57 nis Perioc	ł									
	o number of contributing political committee.	С						y		,	30	.00									
United	of Employer (for Individual) Benefits Agency, Inc.	Occi Brok	•	or Individual)		N	/lemo	o It	em												
	t For: Primary General Other (specify)	Aggregate	Year-to-E	240.00																	
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			y not be sold or used by any pe ddress of any political committee																
		s are nume and a		, 10 30															
	erwriters Politica	I Action Com	mittee																
Full Name of Ind A. Kelley, Dianne	lividual (Last, First, Midd ə, M., ,	le Initial) or Full O	rganization Name		Date of Receipt														
-	Mailing Address 7320 N La Cholla Blvd. #154-219								/ Y)19	Y							
City		State	Zip Code		Trans	acti	ion	ID : 1	352026	8									
Tucson		AZ	85741-2309		Amount	of	Ead	ch Re	ceipt th	is P	eriod								
FEC ID number federal political c	U U	C					-		- 15		63.0	0							
Name of Employ Sandbrook Group	er (for Individual)		upation (for Individual) Broker		Me	emo	b Ite	em											
Receipt For:		Aggregate	Year-to-Date ▼																
Other (spec	General cify) ▼		567.00																
Full Name of Ind B. West, James	lividual (Last, First, Midd s, E., ,	le Initial) or Full O	rganization Name		Date of	Re	eceip	pt											
Mailing Address	Mailing Address 28875 Frost Lane							12 / D D / Y Y Y Y 12 10 2019											
City		State	Zip Code		Trans	acti	ion	ID : 1	352026	9									
Adel		IA	50003-2212	·	Amount	of	Ead	ch Re	ceipt th	is P	eriod								
FEC ID number federal political c	U U	C			30														
Name of Employ NCMIC	ver (for Individual)	Occi Brol	upation (for Individual) ker	Memo Item															
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 270.00																
Full Name of Ind C. Davis, Todd	lividual (Last, First, Midd I, A., ,	le Initial) or Full O	rganization Name		Date of	Re	eceir	pt											
	4109 Bennedict LN				^M 12	1		10	/ Y		19	Y							
City		State	Zip Code						352027										
Austin		ТХ	78746-1920	- :	Amount	of	Ead	ch Re	ceipt th	is P	eriod								
FEC ID number federal political c	U U			30.00							0								
Name of Employ Capital Insurance	er (for Individual) Managers, Inc	Occi Brok	upation (for Individual) er		M	emo	o Ite	əm											
Receipt For: Primary Other (spe	General Gereral	Aggregate	Year-to-Date ▼ 360.00																
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\	VAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee													
	Full Name of Individual (Last, First, Middle Initia Powell, Kristopher, F., ,	al) or Full O	rganization Name		Date of Receipt											
N	Jailing Address 1423 E. 11 Mile Road				M M / D D / Y Y Y Y 12 10 2019											
	Dity Royal Oak	State MI	Zip Code 48067-2025					1 352027 Receipt th		ł						
	EC ID number of contributing ederal political committee.	С						7	1000	.00						
	Jame of Employer (for Individual) BenePro, Inc.	Occu Brok	upation (for Individual) ker		Ν	Nemo	o Item									
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.0	00												
	ull Name of Individual (Last, First, Middle Initia Wilson, Thomas, R., ,	al) or Full O	rganization Name		Date o	of Re	eceipt									
	Aailing Address 701 Lamar					12 10 / Y Y Y Y 2019										
	Dity Nichita Falls	State TX				1352029 Receipt th		ł								
	EC ID number of contributing ederal political committee.	C				200.00										
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occupation (for Individual) Broker			Ν	Nemo	o Item									
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2620.	00												
	Full Name of Individual (Last, First, Middle Initia Wallace, Keith, , ,	al) or Full O	rganization Name		Date of	of Re	eceipt									
_	Jailing Address 1400 Broadway				12		D 10		2019	Y						
	City Bellingham	State WA	Zip Code 98225-3036					: 1352031 Receipt th		ł						
	EC ID number of contributing ederal political committee.	С					y .	7	1000	.00						
٧	Name of Employer (for Individual)	Occu Brok	upation (for Individual) ser		Ν	Vem	o Item									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3800.0													
SU	BTOTAL of Receipts This Page (optional)			······ ►			,	. ,	2200.	.00						
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\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political Acti	ion Com	imi	ttee										
A L	I Name of Individual (Last, First, Middle Initia ee, Kelli, , , iling Address 510 L Street Suite 270	al) or Full O	Date of Receipt 12 / 11 / 2019 Transaction ID : 13520317											
	, ichorage	AK		Zip Code 99501-1949					-		-		is Period	
	C ID number of contributing eral political committee.	С										-		.00
Mc	me of Employer (for Individual) da Health ceipt For: Primary General Other (specify) ▼	Exe	cuti	tion (for Individual) ve Director ar-to-Date ▼ 360.00			M	emc	o It	tem				
в . В	I Name of Individual (Last, First, Middle Initia rannon, William, J., , iling Address 2 Terrace Way, Suite B	al) or Full O	rgai	nization Name			e of	f Re	ece	eipt		/ Y	ÝÝ	Y
Cit Gr	-	State NC	12 11 2019 Transaction ID : 13520321 Amount of Each Receipt this Period 30.00											
Na	eral political committee. me of Employer (for Individual) oup US, Inc.	C Occ Bro	•	tion (for Individual)			M	emc	o It	tem			30	.00
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 390.00										
C №	I Name of Individual (Last, First, Middle Initia Ioore, Robert, L., ,	al) or Full O	rga	nization Name		Dat	e of	Re	ece	eipt				
Ma	iling Address 1644 Plank Rd						 2	1	ſ	D D 11		/ Y	2019	Y
Cit	y Incansville	State PA		Zip Code 16635-8376								52032 eipt thi	2 is Perioc	
	C ID number of contributing eral political committee.	С							,			9		.00
L.F	me of Employer (for Individual) R. Webber Associates, Inc.	Occi Brok	•	tion (for Individual)			Μ	emo	o li	tem				
Re	ceipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 504.00										
	TOTAL of Receipts This Page (optional)						_	-	9	-	-	9	102	00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b 14	11c	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin	g contribu	tions				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
Α.	Full Name of Individual (Last, First, Middle In Olson, Charles, , ,	itial) or Full C	Organization Name		Date of									
	Mailing Address 4221 N 203rd St Omaha	State	Zip Code		12 11 2019 Transaction ID : 13520323									
	Elkhorn	NE	68022-3473						his Period					
	FEC ID number of contributing federal political committee.	С							30.	00				
	Name of Employer (for Individual) OCI	Occ Bro	upation (for Individual) ker		Μ	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
В.	Full Name of Individual (Last, First, Middle In Kitts, Lawrence, L., ,	itial) or Full C	Organization Name		Date of	f Re	ceipt							
	Mailing Address 6500 City West Parkway Suite 100	1			12 ^M	/	D 11	р / Y	2019	Y				
	City Eden Prairie	State MN	Zip Code 55344-7704					135203 Receipt t	24 his Period					
	FEC ID number of contributing federal political committee.					-		42.	00					
	Name of Employer (for Individual) Horizon Agency	Occ Bro	upation (for Individual) ker		M	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504,00											
C.	Full Name of Individual (Last, First, Middle In Stewart, Diana, , ,	itial) or Full C	Organization Name		Date of	f Re	ceipt							
	Mailing Address 500 W. 36th Avenue Suite 300				^M 12		D 11	_ L	2019	Y				
	City Anchorage	State AK	Zip Code 99503-5805	-				: 135203 Receipt t	26 his Period					
	FEC ID number of contributing federal political committee.	С					,	J.	42.	_				
	Name of Employer (for Individual) RISQ Consulting		upation (for Individual) Acct Mgr		М	emo	tem							
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s	UBTOTAL of Receipts This Page (optional)						, .	,	114.	00				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Midd A. Harvey, Darren, Michael, ,	-	rganization Name	Date of Receipt									
Mailing Address 7001 Heritae Village Plaz	za Suite 1		M M / D D / Y Y Y Y 12 11 2019									
City Gainesville	State VA	Zip Code 20155-3094	Transaction ID : 13520329 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) Capital Group Benefits	Occi Age	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name of Individual (Last, First, Midd B. Loudon, Greg , , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3800 Centerpoint Drive Suite 601			12 11 2019									
City Anchorage	State AK	Zip Code 99503-5826	Transaction ID : 13520681									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) Parker, Smith & Feek, Inc.		upation (for Individual) ployee Benefit Consultant	Memo Item									
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General											
Full Name of Individual (Last, First, Midd C. Passe, Emma, M., ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6984 SE Langwood St			M M / D D / Y Y Y Y 12 12 2019									
City Hillsboro	State OR	Zip Code 97123-6023	Transaction ID : 13520684 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) E Powered Benefits	Occi Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]									
SUBTOTAL of Receipts This Page (optional	al)		560.00									
TOTAL This Period (last page this line nur	nber only)											

SCHEDULE A (FEC Form 3X) ...

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mi A. Hinman, Noel, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 303 West 80th Place1 PO Box 10070			12 / D D / Y Y Y Y Y 12 12 2019								
City Merrillville	State IN	Zip Code 46410-5433	Transaction ID : 13520689 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		20.00								
Name of Employer (for Individual) Professional Services	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
Full Name of Individual (Last, First, Mi 3. Fairbairn, Nicole , , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address Creative Insurance Co 8069 Little Circle Rd			12 12 2019								
City Noblesville	State IN	Zip Code 46060-1071	Transaction ID : 13520695 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 6101 Havelock Ave			12 12 / Y Y Y Y 12 12 2019								
City Lincoln	State NE	Zip Code 68507-1268	Transaction ID : 13520698 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) RHD Financial		upation (for Individual) Incial Professional	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1								
SUBTOTAL of Receipts This Page (option	, onal)		80.00								
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Gertz, Josh, , ,	al) or Full Oi	rganization Name		Date of Receipt								
	Mailing Address 353 N Clark St				^M 12	/	D 12		y 201	9 9			
	City Chicago	State IL	Zip Code 60654-4704					1352070 Receipt th		riod	_		
	FEC ID number of contributing federal political committee.	C								85.00)		
	Name of Employer (for Individual) ALLIANT INSURANCE		upation (for Individual) npliance Project Specialist		M	lemo	b Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00										
В.	Full Name of Individual (Last, First, Middle Initia Hagen, David, P., ,	al) or Full Oi	rganization Name		Date o		· .						
	Mailing Address 1045 Wykoff Way	State	Zip Code		12		12		2019	9 9			
	Laguna Beach	CA	92651-3036					1352070 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С	30.00										
	Name of Employer (for Individual) Hagen Insurance & Financial Services	Occu Brok	upation (for Individual) ker		M	lemo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00										
С.	Full Name of Individual (Last, First, Middle Initia Perry, Amy, , ,	al) or Full Oi	rganization Name		Date o	of Re	eceipt						
	Mailing Address 851 International Pkwy Suite 120				^M 12		D 12		201				
	City Richardson	State TX	Zip Code 75081-2804					: 1352070 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, y		30.00)		
	Name of Employer (for Individual) OneDigital Receipt For:	Seni	upation (for Individual) or Account Manager		M	lemo	o Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00										
\vdash	UBTOTAL of Receipts This Page (optional)				Ę.	-	, . , .		1	45.00)		

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	NAME OF COMMITTEE (In Full)														
	Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initia May, Robert, L., ,	al) or Full C	Organization Name	C	Date of Receipt										
	Mailing Address 1416 East Main Suite A				^M 12	/	E	D D 12	/ Y		019	Y			
	City	State WA	Zip Code				-		1352070	-					
	Puyallup	VVA	98372-3170	A	moun	t of	Ea	ach Re	eceipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	С					-			_	30.0	00			
	Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occ Brol	upation (for Individual) ker		М	emc	o Ite	em							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		360.00]											
	Full Name of Individual (Last, First, Middle Initia Brooks, Timothy, , ,	al) or Full C	Organization Name		Date of	f Re	ecei	ipt							
	Mailing Address 4008 S Elm Pl. Ste C				м м 12	/	Γ	D D 12	/ Y) 19	Y			
	City	State	Zip Code		Trans	acti	ion	ID : 1	1352070)9					
	Broken Arrow	OK	74011-2021	A	mount	t of	Ea	ach Re	eceipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	C									20.0	00			
	Name of Employer (for Individual) Flippo Insurance		upation (for Individual) urance Sales		М	emc	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
	Full Name of Individual (Last, First, Middle Initia Oliva, Martin, D., ,	al) or Full C	Organization Name		Date of	f Re	ecei	ipt							
	Mailing Address 260 33rd Avenue SW				^M 12	/	Γ	D D 12	/ Y) 19	Y			
	City Cedar Rapids	State IA	Zip Code 52404-4646						135207 [.]		Devied				
	FEC ID number of contributing				Amoun	tor	Ea	ICH R	eceipt th	IIS P					
	federal political committee.	С			_		<u>y</u>	_	. y	-	30.0	00			
	Name of Employer (for Individual) Group Benefits Ltd.		upation (for Individual) efit Specialist		M	emo	o Ite	em							
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify)		210.00]											
s	JBTOTAL of Receipts This Page (optional)						9		,	-	80.0	00			
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SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _ _

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	y information copied from such Reports and St for commercial purposes, other than using the												
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
$\Big)$	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Johnson, David, S., ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 12138 Big Canoe			12 12 / Y Y Y Y 12 12 2019									
	City Big Canoe	State GA	Zip Code 30143-5157					: 135207 Receipt t	14 his Period	_			
	FEC ID number of contributing federal political committee.	С					-yr. 1	-	100.	00			
	Name of Employer (for Individual) David S. Johnson Insurance	Occu Brok	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1									
в.	Full Name of Individual (Last, First, Middle Init Christensen, David, O.Belnap, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 180 McKnight Dr. Ste.4			M M 12	/	13		2019	Y				
	City Laguna Beach	State CA					: 135223 Receipt t	50 his Period	_				
	FEC ID number of contributing federal political committee.	С				-yr. 1	-	12.	00				
	Name of Employer (for Individual) Colonial Life	Occi Brol	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼]											
C.	Full Name of Individual (Last, First, Middle Init Buffum, Ronald, S., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 106 South Harris Street # 237				^M 12	1	D 13		2019	Y			
	City Round Rock	State TX	Zip Code 78664-6081					: 135223 Receipt t	51 his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	42.	00			
	Name of Employer (for Individual) The Buffum Group LLC	Occu Brok		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate]										
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MIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
AME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Committee	
ull Name of Individual (Last, First, Middle Ini Blakely, Russ, , ,	itial) or Full Organization Name	Date of Receipt
lailing Address 246 E 11th Street Suite 302		12 / D D / Y Y Y Y 12 2019
ity Chattanooga	StateZip CodeTN37402-4269	Transaction ID : 13522353 Amount of Each Receipt this Period
EC ID number of contributing deral political committee.	С	85.00
ame of Employer (for Individual) uss Blakely & Associates, LLC	Occupation (for Individual) Broker	Memo Item
eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
ull Name of Individual (Last, First, Middle Ini Daugherty, Cathy, M., ,	itial) or Full Organization Name	Date of Receipt
lailing Address 1122 East Lincoln Avenue Suite 203		12 / D D / Y Y Y Y 12 13 2019
ity Drange	StateZip CodeCA92865-1908	Transaction ID : 13522354 Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	C	85.00
lame of Employer (for Individual) ridge Port Benefits	Occupation (for Individual) Partner	Memo Item
eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1270.00	
ull Name of Individual (Last, First, Middle Ini Schiebel, AI, C., ,	itial) or Full Organization Name	Date of Receipt
lailing Address 10 Glenlake Parkway North Tower, Suite 1050		12 / D D / Y Y Y Y 12 / 13 / 2019
ity Atlanta	StateZip CodeGA30328-3495	Transaction ID : 13522355 Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	C	45.00
ame of Employer (for Individual) ichiebel & Associates, LLC dba Shopben	Occupation (for Individual) Broker	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 590.00	
chiebel & Associates, LLC dba Shopben eceipt For: Primary General	Broker Aggregate Year-to-Date 590.00	

SCHEDULE A (FEC Form 3X) _____ _

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	2	1 1a		11b	11c	12					
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to se	olicit cor	ntrit	outions	from suc	h committ	ee.				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initi Spell, Richard, Blake, ,	ial) or Full O		Date of Receipt										
	Mailing Address 6176 Centre Camp Ct.				12 13 2019									
	City Greensboro	State NC	Zip Code 27455-8315	Transaction ID : 13522356 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		20.0					
	Name of Employer (for Individual) Crescent Health Solutions	Occu Brok	upation (for Individual) ker		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]										
в.	Full Name of Individual (Last, First, Middle Initi Sherrill, David, M., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 498 Palm Springs Dr, Suite 270			м м 12	1	D 13		y y 2019	Y					
	City Altamonte Springs	State FL	Zip Code 32701-7805					1352235 Receipt th	7 his Period					
	FEC ID number of contributing federal political committee.	C					-		30.0	00				
	Name of Employer (for Individual) Sherrill Insurance Brokerage	Occu Brol	upation (for Individual) ker		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	1										
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	-										
C.	Matznick, Michael, E., ,			_	Date of	Re	· .							
	Mailing Address 3150 N. Elm Street Suite 201 City	State	Zip Code	_	12 Trans	/	13		2019 58	Ŷ				
	Greensboro	NC	27408-3840						nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y	42.0	00				
	Name of Employer (for Individual) EbenConcepts Company	Occu Brok		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]										
s	UBTOTAL of Receipts This Page (optional)			•			9	,	92.0	00				
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	one)	L		
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NAME OF COMMITTEE (In Full)	5						
Health Underwriters Poli	tical Action Com	mittee					
Full Name of Individual (Last, First, Evans, Joseph, M., ,	,	rganization Name	Date of	Receipt			
Mailing Address 8450 Hickman Roa Suite 2			12	/ D D 13	/ Y	2019	Y
City Des Moines	State IA	Zip Code 50325-4308		action ID : 1 of Each Re			
FEC ID number of contributing federal political committee.	C					42.0	00
Name of Employer (for Individual) Colonial Life	Occi Brol	upation (for Individual) ker	Me	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]				
Full Name of Individual (Last, First, B. Fabini , Jeff, , ,	Middle Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address P.O.Box 10806 632 W Hamilton Rd			M M 12	/ D D 13	/ Y	2019	Y
City Fort Wayne	State	Zip Code 46854-0806		action ID : 1			
FEC ID number of contributing federal political committee.	C	40034-0000	Amount	of Each Re	eceipt th	22.0	00
Name of Employer (for Individual) Secure Benefit Solutions	Occ	upation (for Individual) ner	Me	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 264.00]				
Full Name of Individual (Last, First, Aszklar, Paul, , ,	Middle Initial) or Full O	rganization Name	Date of	Receipt			
Mailing Address 67 Walnut Avenue Suite 304	0	Zir Osta	12	/ D D 13		2019	Y
City Clark	State NJ	Zip Code 07066-1640		action ID : " of Each Re			
FEC ID number of contributing federal political committee.	C			,	. ,	30.0	00
Name of Employer (for Individual) Kistler Tiffany Benefits	Occi Brok	upation (for Individual) er	Me	emo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1				
SUBTOTAL of Receipts This Page (o	otional)			,		94.0	00
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee				
Full Name of Individual (Last, First, Mide A. Schroeder, Scott, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt	t		
Mailing Address 300 East First Street P O Box 327				13 / Y	y 2019	Y
City Mechanicsville	State IA	Zip Code 52306-0327	Transaction II Amount of Each			
FEC ID number of contributing federal political committee.	C				30.0	0
Name of Employer (for Individual) Schroeder & Associates		upation (for Individual) sident/Agent	Memo Iten	n		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00				
Full Name of Individual (Last, First, Mide B. Patton, Lee, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt	ıt.		
Mailing Address 1112 Maple Street				13 / Y	2019	Y
City West Des Moines	State IA	Zip Code 50265-4420	Transaction II Amount of Each			
FEC ID number of contributing federal political committee.	С				30.0	0
Name of Employer (for Individual) Associations Marketing Group, Inc.	Occ	upation (for Individual) ker	Memo Iten	n		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00				
Full Name of Individual (Last, First, Mide C. Lee, Philip, W., ,	dle Initial) or Full O	rganization Name	Date of Receipt	t		
Mailing Address 935 Moraga Road Suite 240 City	State	Zip Code	12	14	2019	Y
Lafayette	CA	94549-4542	Transaction II Amount of Each			
FEC ID number of contributing federal political committee.	C			, <u>,</u>	30.0	0
Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) ident	Memo Iten	m		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Hensley, Lizette, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address PO Box 84				^M 12	/	D 14	D / Y	y y 2019		1
	City Royse City	State TX	Zip Code 75189-0084					1352239 Receipt th		od	_
	FEC ID number of contributing federal political committee.	С							2	5.00	
	Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc	Occi Age	upation (for Individual) nt		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
в.	Full Name of Individual (Last, First, Middle Initi Durand, Tina, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 4717 Gollihar Road				^M 12	/	D 14		2019	Y	1
	City Corpus Christi	State TX	Zip Code 78411-1947					1352240 Receipt th		bd	
	FEC ID number of contributing federal political committee.	С							4	2.00	
	Name of Employer (for Individual) Heavin, Otto & Leavitt Insurance Servi	Occ Bro	upation (for Individual) ker		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 554.00]							
с.	Full Name of Individual (Last, First, Middle Initi Sherrod, Jeffrey, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 3810 Holly Ridge Drive				12 ^M		D 14		2019	Y]
	City Longview	State TX	Zip Code 75605-2500					1352240 Receipt th		bd	
	FEC ID number of contributing federal political committee.	С					y	,	3	0.00	
	Name of Employer (for Individual) United Healthcare Group	Occi Brok	upation (for Individual) er		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1							
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				or each category of the Detailed Summary Page		×	11a 13		-	11b 14	F	_	11c 15		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na															
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	imi	ttee												
Α.	Full Name of Individual (Last, First, Middle Initial) Smith, Michael, David, , Mailing Address 6200 Stone Hill Farms Parkway	or Full O	rgai	nization Name		0	Date o		ece	•	t D			V	Ý	v
	City	State		Zip Code	_	l	12		io		14		522404	20		
	Flower Mound	тх		75028-4312		A							eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С							,		_	-			30.0)0
	Name of Employer (for Individual) The Brokerage, Inc.	Occu Brok	•	ion (for Individual)			M	emo	οI	ltei	n					
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1010.00												
в.	Full Name of Individual (Last, First, Middle Initial) Webb, Amy, R., ,	or Full O	rga	nization Name			Date o	f Re	ece	eip	ot.					
	Mailing Address 7 E. Main Street Suite 200						м м 12	/	[D	D 14]	/ Y	201	19 19	Ŷ
	City Moorestown	State NJ		Zip Code 08057-3339	_								522405 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С				Į	_		-,		_	-	- T -		30.0	00
	Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occi Brol		tion (for Individual)			M	emo	οI	ltei	n					
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 360.00												
с.	Full Name of Individual (Last, First, Middle Initial) Castellani, Lorelei, G., ,	or Full O	rga	nization Name			Date o	f Re	ece	eip	,t					
	Mailing Address PO Box 905	1					^M 12	/		D	л 14		/ Y	201	19 [°]	Y
	City Branchville	State NJ		Zip Code 07826-0905	_	A							52240 eipt thi		eriod	
	FEC ID number of contributing federal political committee.	С				ļ	_		,		_	-	y		30.0	00
	Name of Employer (for Individual) Benefit Guidance Systems	Occu Brok	•	ion (for Individual)			N	lemo	οI	Ite	n					
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 360.00												
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			Detailed Summary Page		×	11a 13		11I 14		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the					for the		pos	se of s	oliciting		ntribut	ons
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee										
A.	Full Name of Individual (Last, First, Middle In Sutton, Trent, J., ,	itial) or Full O	rganization Name		_	Date of	_						
	Mailing Address 2824 Poleline Rd., # A					^M 12		L	14	/ Y	1	019	Y
	City Pocatello	State ID	Zip Code 83201-6177			Trans Amount				352240 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-	_	30.0	0
	Name of Employer (for Individual) Independent Health Insurance Broker	Occi Brol	upation (for Individual) ker			M	emc	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00										
B.	Full Name of Individual (Last, First, Middle In Pierce, Mary, Jeannette, ,	itial) or Full O	rganization Name			Date of	f Re	ecei	ipt				
	Mailing Address 500 NE Multhomah St. #100					^M 12	1		D D D 14	/ Y) 19	Y
	City Portland	State OR	Zip Code 97232-2031			Trans Amount		-		352240 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-	_	30.0	0
	Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) count Manager			M	emc	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00										
с.	Full Name of Individual (Last, First, Middle In Merrifield, John, E., ,	itial) or Full O	rganization Name			Date of	f Re	ecei	ipt				
	Mailing Address 1600 Airport Freeway Suite 209					^M 12	1		D D D 14	/ Y)19 [°]	Y
	City Bedford	State TX	Zip Code 76022-6881			Trans Amount				352241 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		ŋ		y	_	12.0	0
	Name of Employer (for Individual) IFC Benefit Solutions, Inc.	Occi Brok	upation (for Individual) ker			M	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 216.00										
s	UBTOTAL of Receipts This Page (optional)			. 🕨				9		9	_	72.0	0
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Use separate schedule(s)
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			Detailed Summary Page	>	1 1a		11	b	11c	12	
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or	for commercial purposes, other than using the	name and a	ddress of any political commit	tee to so	olicit co	ntrib	outic	ons fro	om such	1 commit	tee.
\backslash	NAME OF COMMITTEE (In Full)		•								
$\overline{)}$	Health Underwriters Political Ac	tion Com	imittee								
Α.	Full Name of Individual (Last, First, Middle Ini Walker, Mychal, H., ,	tial) or Full C	organization Name		Date of	f Re	ecei	ipt			
	Mailing Address 3455 Peachtree Industrial Blvo Ste 305	d			^M 12	/	Ľ	D D 14	/ Y	y y 2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : 1	352241	4	
	Duluth	GA	30096-5176		Amount	t of	Ead	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					-		-	63.	.00
	Name of Employer (for Individual) Tricomm Financial Services	Occ	upation (for Individual) ker		M	emc	o Ite	em			
	Receipt For:	Anareaste	Year-to-Date ▼								
	Primary General	Ayyreyale		- 1							
	Other (specify) ▼	L	504.00	-							
в.	Full Name of Individual (Last, First, Middle Ini Wakamoto-Lee, Sue, , ,	tial) or Full C	organization Name		Date of	f Re	ecei	ipt			
	Mailing Address 6386 Sussex Ct				^M 12	1		D D D 14	/ Y	2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : 1	352241	7	
	Dublin	CA	94568-7443		Amount	t of	Ead	ch Re	ceipt th	is Period	l.
	FEC ID number of contributing federal political committee.	С					-		-y-	42.	.00
	Name of Employer (for Individual) Ava Science Inc.		upation (for Individual) ducer/ Consultant		M	emc	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		, 462.00								
с.	Full Name of Individual (Last, First, Middle Ini Hain, Erica, R., ,	tial) or Full C	Prganization Name		Date of	f Re	ecei	ipt			
	Mailing Address MC 32-20				M M	/		D D	/ Y	Y Y	Y
	100 North Academy Avenue	1			12		L	15		2019	_
	City	State	Zip Code		Trans	sact	tion	ID : 1	352241	9	
	Danville	PA	17822-0001		Amount	t of	Ead	ch Re	ceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					y		y	100.	.00
	Name of Employer (for Individual) Geisinger Health Plan		upation (for Individual) ior Director, Commercial Sales		М	emo	o Ite	em			
	Receipt For:	I									
	Primary General	Ayyreyale	Year-to-Date ▼	_							
	Other (specify)		1200.00								
s	JBTOTAL of Receipts This Page (optional)			•						205.	.00
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usir	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Committee	
Full Name of Individual (Last, First, Mide A. Carter, Lori, , ,	de Initial) or Full Organization Name	Date of Receipt
Mailing Address 27 Locksley Place		12 / D D / Y Y Y Y 15 / 2019
City Forest	StateZip CodeVA24551-4149	Transaction ID : 13522422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Beneficial Associates, Inc.	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
Full Name of Individual (Last, First, Mide B. Stearns, Candius, Michelle, ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3315 W Big Beaver Rd Ste 125		12 / D D / Y Y Y Y 12 15 2019
City Troy	StateZip CodeMI48084-2808	Transaction ID : 13522423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Stearns HR & Compliance Consulting	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
Full Name of Individual (Last, First, Mide C. Manning, Richard, K., ,		Date of Receipt
Mailing Address 10315 Woodley Avenue		12 / D D / Y Y Y Y 12 15 2019
City Granada Hills	StateZip CodeCA91344-6953	Transaction ID : 13522424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Accessible Health Insurance Services.	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1020.00	
SUBTOTAL of Receipts This Page (option	al)	157.00
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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17	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	y or	ne)					
11			for each category of the Detailed Summary Page		K 11a		11b	11		12	–	_، ר
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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Act	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initiate Easterling, Sy, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 213 Porter Ave				^M 12	1	D 15		Y	үү 2019	Y]
	City Biloxi	State MS	Zip Code 39530-2950		Trans Amount		ion ID Each				d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y 1		,	30	0.00	
	Name of Employer (for Individual) Stewart Sneed Hewes/BancorpSouth Insur		upation (for Individual) President		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Skinner, Douglas, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address PO Box 1277				^M 12	1	15		Y	2019	Y	1
	City Bloomington	State IN	Zip Code 47402-1277		Trans Amount		ion ID Each			-	d	_
	FEC ID number of contributing federal political committee.	С					-yr-		,	3(0.00	
	Name of Employer (for Individual) Hoosier Dental Plans	Occi Brol	upation (for Individual) ker		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
С.	Full Name of Individual (Last, First, Middle Initi Rider, Susan, M., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 803 Touralosa Dr				12 ^M	/	D 15		Y	2019	Y	1
	City Westfield	State IN	Zip Code 46074-7303		Trans Amount		i on ID Each				d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		y	63	3.00	
	Name of Employer (for Individual) Gregory & Appel Insurance	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00	1								
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PAGE 55 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12	_
			13 14 15 16	17
Any information copied from such Reports or for commercial purposes, other than usi				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee		
Full Name of Individual (Last, First, Mid Hynes, Bernard, J., ,	dle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 3200 N. Central Ave. Suite 1170			12 / D D / Y Y Y Y 16 2019	Y
City Phoenix	State AZ	Zip Code 85012-2419	Transaction ID : 13522433 Amount of Each Receipt this Perio	d
FEC ID number of contributing federal political committee.	С			0.00
Name of Employer (for Individual) Hynes Benefits Consulting, LLC	Occu Prin	upation (for Individual) cipal	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]	
Full Name of Individual (Last, First, Mid 3. Fanuele, Dominick, , ,	dle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 214 Little Falls Rd., 2nd			12 16 / Y Y Y 12 16 2019	Y
City Fairfield	State NJ	Zip Code 07004-2637	Transaction ID : 13522435 Amount of Each Receipt this Perio	d
FEC ID number of contributing federal political committee.	C		42	2.00
Name of Employer (for Individual) Fanuele Financial Group LLC	Occi Brol	upation (for Individual) ker	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 226.00]	
Full Name of Individual (Last, First, Mid Sullivan, Audra, I., ,	dle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1201 N Watson Rd Ste 287			12 / D D / Y Y Y Y 16 2019	Y
City Arlington	State TX	Zip Code 76006-6222	Transaction ID : 13522437 Amount of Each Receipt this Perio	d
FEC ID number of contributing federal political committee.	С			2.00
Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occu Brok	ıpation (for Individual) er	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 432.00]	
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SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle A. Abels, Paula, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 195 Rosebay Drive			12 16 2019									
City Encinitas	State CA	Zip Code 92024-3323	Transaction ID : 13522438 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Abels Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
B. Full Name of Individual (Last, First, Middle Jurney, Gary, , , Mailing Address 16545 Village Drive, Bldg B		rganization Name	Date of Receipt									
City Jersey Village	State TX	Zip Code 77040-1158	12 16 2019 Transaction ID : 13522442 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Kainos Partners Inc		upation (for Individual) sident	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]									
Full Name of Individual (Last, First, Middle Guzman, Wayne, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8608 Utica Ave, Suite 220			12 / D D / Y Y Y Y 16 2019									
City Rancho Cucamonga	State CA	Zip Code 91730-4877	Transaction ID : 13522443 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		10.00									
Name of Employer (for Individual) Goosehead Insurance Receipt For:	Brok		Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	1									
SUBTOTAL of Receipts This Page (optional)			115.00									
TOTAL This Period (last page this line numb	per only)											

SCHEDULE A (FEC Form 3X) ...

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			for each category of the Detailed Summary Page	X 11a	a 🗌	11b 14	11c	-	12 16	17			
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Owens, David, Patrick, ,	al) or Full O	organization Name	Date	of R	leceipt							
	Mailing Address 101 Eisenhower Parkway Second Floor			M 1		/ D			y y 2019	Ŷ			
	City Roseland	State NJ	Zip Code 07068-1032				: 135224 Receipt		Period				
	FEC ID number of contributing federal political committee.	С			_			_	85.0	0			
	Name of Employer (for Individual) E.B. Cohen & Co., Inc.		upation (for Individual) Icipal		Mem	no Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00										
В.	Full Name of Individual (Last, First, Middle Initia Biers, Danielle, , ,	al) or Full O	organization Name	Date	of F	leceipt							
	Mailing Address 3800 N. Central Ave., 9th Floor			М		/ D			2019	Y			
	City Phoenix	State AZ	Zip Code 85012-1979				: 135224 Receipt		Period				
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Black, Gould & Associates		upation (for Individual) count Executive	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
с.	Full Name of Individual (Last, First, Middle Initia Wallace, Keith, , ,	al) or Full O	organization Name	Date	of R	leceipt							
	Mailing Address 1400 Broadway			M 1	2 ^M	/ D			2019	Y			
	City Bellingham	State WA	Zip Code 98225-3036				: 135224 Receipt		Period				
	FEC ID number of contributing federal political committee.	С			_	, .		_	250.0	0			
	Name of Employer (for Individual) Www.RiceInsurance.Com	Occu Brok	upation (for Individual) ker		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4050.00										
s	UBTOTAL of Receipts This Page (optional)				-	9	9	-	365.0	0			
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee											
Full Name of Individual (Last, First, Middle Shears, Debra, S., ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2961 Centerville Road <u>Suite 300</u> City	State	Zip Code	12 16 2019 Transaction ID : 13522458										
Wilmington	DE	19808-1671	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		Memo Item										
Name of Employer (for Individual) Weiner Benefits Group		upation (for Individual) tner											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]										
Full Name of Individual (Last, First, Middle B. Douglas, James, F., ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 17322 Whetmore Lane			12 16 / Y Y Y Y 2019										
City Huntington Beach	State CA	Zip Code 92647-5600	Transaction ID : 13522460 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		35.00										
Name of Employer (for Individual) Health Sync Insurance		upation (for Individual) e President Employee Benefits	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]										
Full Name of Individual (Last, First, Middle C. Ramsay, Robert, Gene, ,	Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 1836 Harrison Drive			12 / D D / Y Y Y Y 12 17 2019										
City Gardendale	State AL	Zip Code 35071-3468	Transaction ID : 13523837 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Your Benefits Advisor		upation (for Individual) efits Advisor	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1										
SUBTOTAL of Receipts This Page (optional).			95.00										

SCHEDULE A (FEC Form 3X) ...

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	Action Com	mittee										
Full Name of Individual (Last, First, Midd Tompkins, Daniel, R., ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1720 Windward Concour Suite 290			12 17 2019									
City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 13523838 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Admin America, Inc.	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1070.00]									
Full Name of Individual (Last, First, Midd 3. Trevino, Terrie, L., ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1822 E Townline Way			12 17 2019									
City Meridian	State ID	Zip Code 83646-6511	Transaction ID : 13523839 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		42.00									
Name of Employer (for Individual) PayneWest Insurance	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 408,00]									
Full Name of Individual (Last, First, Midd C. Ameling, Mary, K., ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1202 Wood Lily Circle			12 / D D / Y Y Y Y 17 2019									
City Leland	State NC	Zip Code 28451-7686	Transaction ID : 13523840 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I		upation (for Individual) ducer	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]									
SUBTOTAL of Receipts This Page (optional	al)		157.00									
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initi Wolfe, Rosanne, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address PO Box 17236				^M 12	/	D 17) / Y	ү ү 2019	Y		
	City Tucson	State AZ	Zip Code 85731-7236					1352384 Receipt th		1		
	FEC ID number of contributing federal political committee.	С					-		30	.00		
	Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occi Broł	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 535.00]								
в.	Full Name of Individual (Last, First, Middle Initi Bailey, Andrea, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 3800 North Central Ave 9th Floor	State	12 / 17 / 2019 Transaction ID : 13523848									
	City Phoenix	AZ	Zip Code 85012-1979							1		
	FEC ID number of contributing federal political committee.	С			Amoun	mount of Each Receipt this Period 30.00						
	Name of Employer (for Individual) Black, Gould & Associates		upation (for Individual) sident		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00]								
C.	Full Name of Individual (Last, First, Middle Initi Dalrymple, Eric, Douglas, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1402 Pankratz Street, Ste 103				^M 12	1	D 17		ү ү 2019	Y		
	City Madison	State WI	Zip Code 53704-4046					1352384 Receipt th		1		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. <u>,</u>	30	.00		
	Name of Employer (for Individual) Vista Benefits		upation (for Individual) ker/Owner		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]								
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	mi	ttee												
Α.	Full Name of Individual (Last, First, Middle Initial) King, Colleen, , , Mailing Address 8427 Beckford Ave.	or Full O	Date of Receipt													
	City	State		Zip Code	12 17 2019 Transaction ID : 13523851 Amount of Each Receipt this Period											
	Northridge	CA		91324-4208												
	FEC ID number of contributing federal political committee.	С	_		42.00											
	Primary General	Fou	nde	tion (for Individual) r/Owner ar-to-Date ▼ 378.00			Me	emo	b lt	em						
	U Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) Susie, John, D., ,	or Full O	Irga			Da	ite of	Re	ece	eipt						
	Mailing Address 8682 Hawick Ct N						12	/	_	D I		/ Y	2019	Y		
	City Dublin	State OH		Zip Code 43017-9618		Transaction ID : 13524627 Amount of Each Receipt this Period								ł		
	FEC ID number of contributing federal political committee.	C							-		_	- J -	20	.00		
	Name of Employer (for Individual) National United Brokers, Inc	Occi Brol	tion (for Individual)	Memo Item												
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 260,00												
	Full Name of Individual (Last, First, Middle Initial) Brody, Andrea, , ,	or Full O	rga	nization Name		Da	ite of	Re	ece	eipt						
	Mailing Address 6018 E Lowden Rd.					N	12 ^M	/	l	D 18		/ Y	2019	Y		
	City Cave Creek	State AZ		Zip Code 85331-3004								352462 eipt th	8 is Period	ł		
	FEC ID number of contributing federal political committee.	С	_						,			y	38	.00		
	Name of Employer (for Individual) RXBenefits	Occu Vice	en Memo Item													
	Receipt For: A Primary General Other (specify)	Aggregate Year-to-Date ▼ 458.00														
s	UBTOTAL of Receipts This Page (optional)			•					9			9	100	.00		
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SCHEDULE A (FEC Form 3X) -

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ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)				
11			for each category of the Detailed Summary Page		4 11a		11b	11		12	<i>i</i> −
	y information copied from such Reports and St for commercial purposes, other than using the								iting		
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\Big)$	Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initi Buechler, Anthony, C, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1203 Colonial Circle				^M 12	1	D 18		Y	ү ү 2019	Y
	City Papillion	State NE	Zip Code 68046-6109	_			ion ID Each			9 is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				,	30.	00
	Name of Employer (for Individual) Buechler Insurance Services	Occu Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
в.	Full Name of Individual (Last, First, Middle Initi Cogdill, Barry, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 4710 4th Street Ste. 300				M M 12	1	18		Y	y y 2019	Y
	City La Mesa	State CA	Zip Code 91941-5384				ion ID Each) is Period	
	FEC ID number of contributing federal political committee.	С					-yr - 1		,	30.	00
	Name of Employer (for Individual) Business Choice Insurance Services		upation (for Individual) sident		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
C.	Full Name of Individual (Last, First, Middle Initi Scott, Nicole, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6200 Northwest Pkwy				^M 12	/	D 18		Y	y y 2019	Y
	City San Antonio	State TX	Zip Code 78249-3348				i on ID Each			4 is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1		7	30.	00
	Name of Employer (for Individual)	Occu Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00								
	UBTOTAL of Receipts This Page (optional)		r	► 		-	, , , , , , , , , , , , , , , , , , ,		,	90.	00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 15
			13 14 15 16 17 person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Griffey, Don, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 56294 Prim Rose Circle			12 18 2019
City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 13524635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Hailey-Campbell, Inc	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00]
Full Name of Individual (Last, First, Mide B. Rose, Vincent, J., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 620 South Lake Street			12 / D D / Y Y Y Y Y 12 18 2019
City Marquette	State MI	Zip Code 49855-5150	Transaction ID : 13524636
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) 44North	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last, First, Mide C. Samuels, Cindy, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8430 W Lake Mead #10	0		12 / D D / Y Y Y Y Y 18 2019
City Las Vegas	State NV	Zip Code 89128-7674	Transaction ID : 13524642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Insurance Concepts of Nevada	Occi Age	upation (for Individual) nt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]
SUBTOTAL of Receipts This Page (option	al)		155.00
TOTAL This Period (last page this line nu	mber only)		

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

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PAGE 64 OF

ITEMIZED RECEIPTS		Detailed Summary Page	×	11a 13		11 14		11c	12	1 -7
Any information copied from such Reports an or for commercial purposes, other than using				or the		pos	se of s			
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle Hillenbrand, John, Ryan, , Mailing Address 14500 S. Outer 40 Road Ste 203 City Chesterfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Hillenbrand & Company Receipt For: Primary General Other (specify) ▼	State MO C Brol	Zip Code 63017-5736		Amount	/ acti	ion Ea	19 1 D : 1 ach Re	352518	nis Perioc	
Full Name of Individual (Last, First, Middle Brooks, Mark, , , Mailing Address P.O. Box 10876 City Lynchburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Personal Design Financial Services, In Receipt For: Primary General Other (specify) ▼	State VA C Bro	Zip Code 24506-0876 upation (for Individual)		Amount	/ acti	ion Ea	19 1 D : 1 1ch Re	352518	nis Perioc	
Full Name of Individual (Last, First, Middle Ward, Michael, , , Mailing Address 3219 E. Camelback Road #569 City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Emerging Benefits Consultants, LLC Receipt For: Primary General Other (specify)	State AZ C Occ Brok	Zip Code 85018-2307 upation (for Individual)		Amount	/ sacti	tion Ea	19 1 D : 1 ach Re	1352518	nis Perioc	
SUBTOTAL of Receipts This Page (optional)					-	5	-		92	.00

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111	EWIZED RECEIPIS		for each category of the Detailed Summary Page		4 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the													
$\overline{\langle}$	NAME OF COMMITTEE (In Full)						Julionio							
\rangle	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Stewart, Rachel, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1119 E Blackhawk Dr			M M I										
	City Phoenix	State AZ	Zip Code 85024-4178											
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.0	00				
	Name of Employer (for Individual) RS Assurance	Occu Age	upation (for Individual) nt		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]										
	Full Name of Individual (Last, First, Middle Initi Denz, Stephanie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1100 Wild Ginger Lane			12 / D D / Y Y Y Y 12 19 2019										
	City Fleming Island	State FL	Zip Code 32003-3224					1352518						
	FEC ID number of contributing federal political committee.	С	32003-3224		Amount	. ot		Receipt tr	nis Period 85.0	00				
	Name of Employer (for Individual) Aetna		upation (for Individual) keting Director		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]										
	Full Name of Individual (Last, First, Middle Initia Mason, Gerene, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1224 South River Road, Suite	A-20			^M 12	1	D 19		2019 [°]	Y				
	City Saint George	State UT	Zip Code 84790-8318					: 1352519 Receipt th	92 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	20.0	00				
	Name of Employer (for Individual) Southern Utah Insurance	Occu Ager	upation (for Individual) nt		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]										
s	UBTOTAL of Receipts This Page (optional)			•			9	9	135.0	00				
Т	OTAL This Period (last page this line number o	nly)	······	•				-						

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	EMIZED RECEIFTS			ummary Page	×	11a 13		11I 14		11c	12	17
or	y information copied from such Reports and for commercial purposes, other than using th					or the		pos	e of s	oliciting	g contribu	tions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Ir Powell, Rita, H., , Mailing Address 3342 Greystone Way	nitial) or Full O	rganization Na		Date of Receipt							
	City	State GA	Zip Code			12 Trans	acti	ion	19 ID : 1	352519	2019 3	
	Valdosta FEC ID number of contributing federal political committee.	C	31605-2	1096		Amount	of	Ead	ch Re	ceipt th	his Period 63.	00
	Name of Employer (for Individual) H&H Insurance Solutions, Inc.	Occu Brol	upation (for In ker	dividual)		Me	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	756.00]							
B.	Full Name of Individual (Last, First, Middle Ir Raymond, Garrin, Mitchell, ,	nitial) or Full O	rganization Na	ame		Date of	Re	cei	pt			
	Mailing Address 13201 N.W. Fwy. Suite 265							D	20	/ Y	2019	Y
	City Houston	State TX	Zip Code 77040-6			Transaction ID : 13525911 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C						-		- 45-	30.	00
	Name of Employer (for Individual) Northwest General	Occ Bro		Me	emo	lte	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	460.00]							
с.	Full Name of Individual (Last, First, Middle Ir Pittman, Joseph, E., ,	nitial) or Full O	rganization Na	ame		Date of	Re	eceip	pt			
	Mailing Address P O Box 24133					^M 12	1		20	/ Y	2019	Y
	City Omaha	State NE	Zip Code 68124-0							352591 ceipt th	I 7 his Period	
	FEC ID number of contributing federal political committee.	С				y		9	85.	00		
	Name of Employer (for Individual) Creative Association Management	Occupation (for Individual) Broker				M	emo	o Ite	əm			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	1020.00]							
s	UBTOTAL of Receipts This Page (optional)							y		9	178.	00
Т	OTAL This Period (last page this line number	only)						-				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 1 berson for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee							
Full Name of Individual (Last, First, M A. Weirich, Lynn, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 500 N Loop 1604 E Ste 250			12 20 / Y Y Y Y Y 2019						
City San Antonio	State TX	Zip Code 78232-1240	Transaction ID : 13525919 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Business Financial Group	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, M B. Bartholomew, Rhonda, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 5099			12 20 Y Y Y Y 12 20 2019						
City Twin Falls	State ID	Zip Code 83303-5099	Transaction ID : 13525920 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) HUB International		upation (for Individual) up Division Manager	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 508.00]						
Full Name of Individual (Last, First, M C. Albrecht, Karl, W., ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 26533 Evergreen Rd	Ste 400		12 20 / Y Y Y Y 2019						
City Southfield	State MI	Zip Code 48076-4234	Transaction ID : 13525934 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		5000.00						
Name of Employer (for Individual) Action Benefits	Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]						
SUBTOTAL of Receipts This Page (opti	onal)		5072.00						
TOTAL This Period (last page this line i	number only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)						
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	ny information copied from such Reports and Si for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)	name anu a		ะ เบร		ann	utions t	IUIII SUCI	COMMIT	
	Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Kramer, Sherrie, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 310 West McKinley				^M ^M 12	1	D D 20	/ Y	y y 2019	Y
	City Mishawaka	State IN	Zip Code 46545-5600	_				1352598 eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						1.95	30.0	0
	Name of Employer (for Individual) The Sanders Agency		upation (for Individual) Irance Agent		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 162.00]						
в.	Full Name of Individual (Last, First, Middle Init Holt, James, A., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 1350 Treat Blvd Ste 290				^M 12	/	20	/ Y	y y 2019	Y
	City Walnut Creek	State CA	Zip Code 94597-8852					1352598 eceipt th	5 his Period	
	FEC ID number of contributing federal political committee.	ů – Elektrik							250.0	0
	Name of Employer (for Individual) Occupation (for Individual) Holt Insurance Services Broker				Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00]						
— C.	Full Name of Individual (Last, First, Middle Init Greene, Sean, C., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 6096 Innovation Way				^M 12	/	D D D 21	/ Y	2019	Y
	City Carlsbad	State CA	Zip Code 92009-1741	_			-	1352599 leceipt th	98 his Period	
	FEC ID number of contributing federal political committee.	C			<u> </u>		y	, ,	30.0	0
	Name of Employer (for Individual) Morrison Insurance Services	ual) Occupation (for Individual) Employee Benefit Specialist			Me	əmo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00]						
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			, .		310.0	0
Т	OTAL This Period (last page this line number of	only)		- •	<u> </u>					

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ITEMIZED RECEIPTS			Use separate schedule(s)	(che	(check only one)					
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		ose of	f soliciting	g contribu	tions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Initi Johnson, Sandra, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 12500 Network Blvd, # 403				^M 12	/	D 21	D / Y	2019	Y
	City San Antonio	State TX	Zip Code 78249-3310					1352600 Receipt th		
	FEC ID number of contributing federal political committee.	С					7		30.	00
	Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occu Brok	upation (for Individual) ser		Me	∋mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]						
в.	Full Name of Individual (Last, First, Middle Initi Farrell, Jennifer, Liane, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 3800 North Central Avenue 9th Floor				M M 12	/	D 1	D / Y	2019	Y
	City Phoenix	State AZ	Zip Code 85012-1979					1352600 Receipt th		
	FEC ID number of contributing federal political committee.	r of contributing					7		85.	00
	Name of Employer (for Individual) Black, Gould & Associates	Occu Broł	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1470.00]						
с.	Full Name of Individual (Last, First, Middle Initi _McDermott, H., Luke, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 883 West Baxter Drive				^M 12	/	21		2019 [°]	Y
	City South Jordan	State UT	Zip Code 84095-8506					: 1352600 Receipt th		
	FEC ID number of contributing federal political committee.	C					y .	9	30.	00
	Name of Employer (for Individual) McDermott Company & Associates Receipt For:				M	emo	Item			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]						
s	UBTOTAL of Receipts This Page (optional)						7	,	145.	00
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for each category of the Detailed Summary Page	X 11a 11b

			for each category of the	× 11a 11b 11c 12				
			Detailed Summary Page					
or	or commercial purposes, other than using th			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee					
۱.	Full Name of Individual (Last, First, Middle In Woodward, Thomas, Nathan, ,	nitial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 430 West Bankhead Hwy			12 21 2019				
	City Villa Rica	State GA	Zip Code 30180-1701	Transaction ID : 13526004 Amount of Each Receipt this Period				
	FEC ID number of contributing rederal political committee.	С		30.00				
	Name of Employer (for Individual) MY FINANCIAL SERVICES LLC		ipation (for Individual) President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.00]				
	Full Name of Individual (Last, First, Middle In Leavitt, Scott, A., ,	nitial) or Full Or	rganization Name	Date of Receipt				
	Mailing Address 12988 W. Paint Dr.			12 22 2019				
	City Boise	State ID	Zip Code 83713-1947	Transaction ID : 13526023 Amount of Each Receipt this Period				
	FEC ID number of contributing rederal political committee.	С		30.00				
	Name of Employer (for Individual) Scott Leavitt Insurance	Occu Brok	upation (for Individual) ker	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00]				
	Full Name of Individual (Last, First, Middle In Burns, Patrick, , ,	itial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 5653 Maxwelton Road			12 22 2019				
	City Oakland	State CA	Zip Code 94618-2654	Transaction ID : 13526025 Amount of Each Receipt this Period				
	FEC ID number of contributing ederal political committee.	С		170.00				
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occu Brok	ipation (for Individual) er	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2170.00]				

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Use separate schedule(s)	FOR LINE NUMBER: (check only one)
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Mido Cheney, Jessica, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3033 N. Central Avenue Suite 810			12 / D D / Y Y Y Y 22 2019						
City Phoenix	State AZ	Zip Code 85012-2804	Transaction ID : 13526026 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Arcwood Consulting	Occ Age	upation (for Individual) nt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
Full Name of Individual (Last, First, Mido 3. Bergsma, Lori, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address Balanced Rock Insuranc 643 Canyon Drive			12 22 Y Y Y Y 12 22 2019						
City Twin Falls	State ID	Zip Code 83301-3014	Transaction ID : 13526028 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		35.00						
Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
Full Name of Individual (Last, First, Mido Cagliola, David, A., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1041 Old Cassatt Rd	12 22 2019								
City Berwyn	State PA	Zip Code 19312-1152	Transaction ID : 13526029 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Simkiss & Block	Occi Brok	upation (for Individual) xer	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]						
SUBTOTAL of Receipts This Page (option	al)		150.00						
TOTAL This Period (last page this line num	mber only)								

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

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		Use separate schedule(s)	(check only one)						
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements ma ing the name and a	ay not be sold or used by any puddress of any political committe	e to solicit contributions from such committee.						
Health Underwriters Politic	al Action Com	mittee							
Full Name of Individual (Last, First, Mic A. Henry, Thomas, L., ,		rganization Name	Date of Receipt						
	Mailing Address 430 W NAPA ST. SUITE F								
City SONOMA	State CA	Zip Code 95476-6545	Transaction ID : 13526030 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Bro		Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	1						
Full Name of Individual (Last, First, Mid B. Wild, Trei, , ,		rganization Name	Date of Receipt						
Mailing Address 3724 Hearst Castle Wa	12 22 2019								
City Plano	State TX	Zip Code 75025-3719	Transaction ID : 13526031 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –								
Name of Employer (for Individual) Protect Plans									
Receipt For: Primary General Other (specify) ▼	Aggregate]							
Full Name of Individual (Last, First, Mic C. Boaz, Daniel, J., ,	ddle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 5565 Roberts Drive <u>Suite 100</u> City	Suite 100								
Atlanta	GA	30338-3350	Transaction ID : 13526034 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) HealthLife Group, LLC Receipt For:	Occ Brok	upation (for Individual) ker	Memo Item						
Primary General Other (specify)	Aggregate	1							
SUBTOTAL of Receipts This Page (option	nal)		200.00						
TOTAL This Period (last page this line n	umber only)								

SCHEDULE A (FEC Form 3X) _____ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	<u> </u>					
Any information copied from such Reports or for commercial purposes, other than usi				he pu									
NAME OF COMMITTEE (In Full)	-												
Health Underwriters Politica	al Action Com	imittee											
Full Name of Individual (Last, First, Mid A. Lindstrom, Betty, J., ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address PO Box 4026			М	 2	/ 22		2019	Y					
City	State	Zip Code	Transaction ID : 13526037										
Felton	CA	95018-0349	Amc	unt o	f Each I	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	C				-9		30.0	0					
Name of Employer (for Individual) Lindstrom Insurance	Occ Brol	upation (for Individual) ker		Merr	no Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) V		360.00											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Qualizza, Jacqueline, , ,					Receipt								
Mailing Address 12877 W. 151st Street							y y 2019	Y					
City	State KS	Zip Code 66062-9707				1352603		Period					
Olathe						Receipt tr	nis Period	_					
federal political committee.	FEC ID number of contributing federal political committee.				25.00								
Name of Employer (for Individual) Associate Insurance Services, Inc.	Occ Bro	upation (for Individual) ker		Merr	no Item								
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		300.00]										
Full Name of Individual (Last, First, Mid Goodman, Robert, Hiram, ,	dle Initial) or Full C	organization Name	Date	e of F	Receipt								
Mailing Address 1 Independence Plaza Suite 800		1	1	2 ^M	/ D 23	3	2019	Y					
City Birmingham	State AL	Zip Code 35209-2639				: 1352604 Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				y 1	. ,	42.0	0					
Name of Employer (for Individual) McGriff Insurance Services	Occ Brok	upation (for Individual) ker		Men	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	1										
SUBTOTAL of Receipts This Page (option	nal)				, .	9	97.0	0					
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PAGE 74 OF

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		Detailed Summary Page												
			e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Corr	mittee												
Full Name of Individual (Last, First, Mid A. Kohlsdorf, Eric, , ,	dle Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 1501 Ingersoll Ave Suite 200														
City Des Moines	State IA	Zip Code 50309-3102	Transaction ID : 13526042 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Prisma Strategies	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00]											
Full Name of Individual (Last, First, Mid B. Winson, Shelly, K., ,	dle Initial) or Full C	organization Name	Date of Receipt											
Mailing Address PO Box 1914	12 23 / Y Y Y Y 12 23													
City Chandler	State AZ	Zip Code 85244-1914	Transaction ID : 13526043 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) True Choice Benefits LLC		upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]											
Full Name of Individual (Last, First, Mid C. Ackerman, Mark, K., ,	dle Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 3700 Forest Drive <u>Suite 300</u>			12 23 2019											
City Columbia	State SC	Zip Code 29204-4010	Transaction ID : 13526045 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Insurance Management Group, Inc.	Occ Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	1											
SUBTOTAL of Receipts This Page (option	nal)		200.00											
TOTAL This Period (last page this line nu	Imber only)													

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171			Use separate schedule(s)	(ch	eck only	у ог	ne)							
11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17				
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Clingan, Nedra, C., ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 13222 Huisache Way				12 23 / Y Y Y Y 12 23 2019									
	City Helotes	State TX	Zip Code 78023-3606		Transaction ID : 13526048 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							30	0.00				
	Name of Employer (for Individual) UnitedHealthcare	Occi Brol	upation (for Individual) ker		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Berger, Stephanie, , ,						eceipt							
	Mailing Address 79 Daily Dr #276					/	23		2019	Y				
	City Camarillo	State CA	Zip Code 93010-5807				-	1352604 Receipt th	-	d				
	FEC ID number of contributing federal political committee.	С		40.00										
	Name of Employer (for Individual) Collaborative Insurance Solutions	Occupation (for Individual) Broker			Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]										
с.	Full Name of Individual (Last, First, Middle Initi Blain, Bradford, H., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 343 Waller Avenue Suite 101 City	State	Zip Code	12 / D D / Y Y 23 / 20						Y				
	Lexington	KY	40504-2912					1352605 Receipt th		d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	,	30	0.00				
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brok	upation (for Individual) ker		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]										
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PAGE 76 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)										
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NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee												
Full Name of Individual (Last, First, M Freeman, Joann, , ,	/liddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 625 Oak Street			12 ^M	M M / D D / Y Y Y Y 12 23 2019										
City Laguna Beach	State CA	Zip Code 92651-2920		saction ID : it of Each R										
FEC ID number of contributing federal political committee.	C					30.0								
Name of Employer (for Individual) Freeman Laguna Insurance Services	Occi Brol	upation (for Individual) ker	M	lemo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	1											
B. Hebert, Hedy, S., ,														
Mailing Address 390 Plaza Loop.						12 23 2019								
City Bossier City	State LA	Zip Code 71111-4390		saction ID : It of Each R										
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Benefit Consulting Services		Occupation (for Individual) Broker												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]											
Full Name of Individual (Last, First, M C. Heemskerk, Cornelis, A., ,	liddle Initial) or Full O	rganization Name	Date o	f Receipt										
Mailing Address 1901 Butterfield Roa Suite 120			12 M	23		2019	Y							
City Downers Grove	State IL	Zip Code 60515-7928		saction ID : it of Each R										
FEC ID number of contributing federal political committee.	C			y	9	20.0	00							
Name of Employer (for Individual) Everlong Group Medical Captive Servi		upation (for Individual) xer		lemo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	1											
SUBTOTAL of Receipts This Page (opt	ional)				. ,	135.0	00							
TOTAL This Period (last page this line	number only)			1 40 1										

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

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	*	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13 14 15 16 15 rerson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Po													
Full Name of Individual (Last, First LaFay, Stacey, S., ,	, Middle Initial) or Full C	rganization Name	Date of Receipt 12 23 2019 Transaction ID : 13526054 Amount of Each Receipt this Period										
Mailing Address 2444 East Hill Rd.													
City Grand Blanc	State MI	Zip Code 48439-5098											
FEC ID number of contributing federal political committee.	C		110.00										
Name of Employer (for Individual) Franklin Benefit Soutions	Occ Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1385.00	1										
Full Name of Individual (Last, First McClaskey, Barbara, A., ,	Date of Receipt												
Mailing Address 1965 Pine Street			12 23 2019										
City Redding	State CA	Zip Code 96001-1921	Transaction ID : 13526055 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		42.00										
Name of Employer (for Individual) Barbara McClaskey Insurance Serv		upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 554.00]										
Full Name of Individual (Last, First C. Reeves, Valerie, , ,	, Middle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3702 Brownsboro			12 / D D / Y Y Y Y 23 2019										
City Louisville	State KY	Zip Code 40207-1820	Transaction ID : 13526056 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		42.00										
Name of Employer (for Individual) Preferred Benefits, LLC	Occ Brok	upation (for Individual) xer	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]										
SUBTOTAL of Receipts This Page (pptional)		194.00										
TOTAL This Period (last page this li	ne number only)												

Use separate schedule(s)

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PAGE 78 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma sing the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee. 17										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mi Tellesbo-Kembel, Marsha, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1001 4th Avenue, Suit	e 3200		12 23 Y Y Y Y Y 12 23 2019										
City Seattle	State WA	Zip Code 98154-1003	Transaction ID : 13526057 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		170.00										
Name of Employer (for Individual) Tellesbo & Company	Occi Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2040.00]										
Full Name of Individual (Last, First, Mi B. Munger, David, , ,	Date of Receipt												
Mailing Address 3312 W. Magistrate Lo			12 23 2019										
City Hayden	State	Zip Code 83835-5019	Transaction ID : 13526060 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) Munger Insurance	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]										
Full Name of Individual (Last, First, Mi C. Baskett, John, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2601C Blanding Ave #			12 / Y Y Y Y 12 23 2019										
City Alameda	State CA	Zip Code 94501-1507	Transaction ID : 13526062 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) John Baskett Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]										
SUBTOTAL of Receipts This Page (option	nal)		300.00										
TOTAL This Period (last page this line n	umber only)												

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PAGE 79 OF

ידו	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck only	y or	ne)									
11			for each category of the Detailed Summary Page		X 11a		11b	11c	12							
	y information copied from such Reports and S															
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	doress of any political committe	e to s	Solicit Cor	TITIC	outions	from suc	n committe	ee.						
\rangle	Health Underwriters Political Ac	ction Com	mittee													
Α.	Full Name of Individual (Last, First, Middle In Braner, Jodie, E., ,	itial) or Full O	rganization Name		Date of Receipt											
	Mailing Address 5 Concourse Parkway 18th Floor				12 / D D / Y Y Y Y 23 2019											
	City Atlanta	State GA	Zip Code 30328-5350		Transaction ID : 13526063 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							30.0							
	Name of Employer (for Individual) Willis	Occi Brol	upation (for Individual) ker		Me	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Carolyn, L., ,						eceipt									
	Mailing Address 12740 Hillcrest Road Suite 275 City State Zip Code					12 / 23 / 2019 Transaction ID : 13526068										
	Dallas	TX	ZIP Code 75230-7129													
	FEC ID number of contributing federal political committee.	C ID number of contributing						Amount of Each Receipt this Period 42.00								
	Name of Employer (for Individual) Goodwin Benefits Group, LLC						tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 516.00													
С.	Full Name of Individual (Last, First, Middle In Griffey, Patricia, A., ,	itial) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 56294 Primrose Cir				12 ^M	1	23		2019 [°]	Y						
	City Elkhart	State IN	Zip Code 46516-1509					1352600 Receipt th	59 nis Period							
	FEC ID number of contributing federal political committee.	С					,	9	100.0	00						
	Name of Employer (for Individual) Page 1 Medicare	Occi Brok	upation (for Individual) ser		Me	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1325.00													
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	172.0	0						
т	OTAL This Period (last page this line number	only)		•			-	-								

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			for each category of the Detailed Summary Page		11a	\square	11b		11c	12					
			y not be sold or used by any p ddress of any political committe	erson fo											
NAME OF COMMITT															
Full Name of Individua Howard, Michelle,	al (Last, First, Middle I S., ,	nitial) or Full O	rganization Name	Date of Receipt											
	West Grand Boulevard														
City Detroit		State MI	Zip Code 48202-2643				-			70 nis Perio	od				
FEC ID number of co federal political comm	U U	С					,		-9	1	2.00				
Name of Employer (fo Health Alliance Plan	or Individual)	Occu Brok	upation (for Individual) ser		Me	emo	Iter	n							
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date V 290.00]											
Full Name of Individu.	al (Last, First, Middle I A., ,	nitial) or Full O	rganization Name	Di	ate of	Re	ceip	t							
Mailing Address 2624	0 Wacker Drive			12 / D D / Y Y Y Y 12 23 2019											
City Chesterfield		State MI	Transaction ID : 13526071 Amount of Each Receipt this Period												
FEC ID number of co federal political comm	U U	С	30.00												
Name of Employer (for Comprehensive Benef		Occi Brol		Me	emo	Iter	n								
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 610.00]											
Full Name of Individu	al (Last, First, Middle I	nitial) or Full O	rganization Name	Da	ate of	Re	ceip	t							
Mailing Address PO	Box 51019				^M 12	/	D	23	/ Y	2019	Y				
City Idaho Falls		State ID	Zip Code 83405-1019						352607 ceipt th	73 nis Perio	od				
FEC ID number of co federal political comm	U U	С				_	,		,	3	0.00				
Name of Employer (fo The Hartwell Corporat		Occu Brok	upation (for Individual) er		Me	emo	Iter	m							
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 360.00]											
SUBTOTAL of Receipts	This Page (optional)	,					9		,	7.	2.00				

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for each category of the
Detailed Summary Page

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	y information copied from such Reports and Sta for commercial purposes, other than using the r														
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee												
۹.	Full Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., ,	al) or Full O	Date of Receipt												
	Mailing Address 3402 Cinnamon Creek Avenue			M M / D / Y											
	City	State NV	Zip Code												
	North Las Vegas		89031-3520												
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Leavitt Group Benefits Services		upation (for Individual) rance Consultant			Mem	0	Iter	m						
	Receipt For:		Year-to-Date ▼	_											
	Primary General Other (specify) ▼		510.00]											
В.	Full Name of Individual (Last, First, Middle Initia Franke, Gary, , ,	al) or Full O	rganization Name		Date	of R	ec	ceip	ot						
	Mailing Address 227 Bellevue Way NE Suite 715				[™] 12		/	D	23	/	Y	y y 2019	Y		
	City	State Zip Code WA 98004-5721					tio	on I	D : 1	1352	26079				
	Bellevue	WA	·	Amou	int of	fΕ	Eac	h Re	eceip	pt this	s Period	k			
	FEC ID number of contributing federal political committee.	C					_	,	_		-	30	.00		
	Name of Employer (for Individual) Achieve Alpha Insurance, LLC		upation (for Individual) Ith Insurance Broker		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]											
с.	Full Name of Individual (Last, First, Middle Initia Mackin, Martin, John, ,	al) or Full O	rganization Name		Date	of R	ec								
	Mailing Address P O Box 29607				[™] 12		/	D	23	1	Y	y y 2019	Y		
	City San Francisco	State CA	Zip Code 94129-0607								26081	s Period	4		
	FEC ID number of contributing federal political committee.	С					,	1		ecei	J		.00		
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occu Brok	Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	pregate Year-to-Date ▼ 756.00												
s	UBTOTAL of Receipts This Page (optional)			•		-	,	,	-	-	,	123	.00		
Т	OTAL This Period (last page this line number or	nly)										4			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)								
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12	17					
Any information copied from such Reports or for commercial purposes, other than us			erson for th		rpose of	soliciting	contribut	tions					
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee											
Full Name of Individual (Last, First, Mi A. Patton, Jesse, A., ,	ddle Initial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 1112 Maple Street				M M / D D / Y Y Y Y 12 23 2019									
City West Des Moines	State IA	Zip Code 50265-4420				1352608 Receipt th	3 iis Period						
FEC ID number of contributing federal political committee.	C			_	-		415.0	00					
Name of Employer (for Individual) Associations Marketing Group, Inc.	Occ Brol	upation (for Individual) ker		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4980.00]										
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hartin, Dennis, S., ,					eceipt								
Mailing Address 3115 Phoenix Ave					12 / D D / Y Y Y Y 23 2019								
City Oldsmar	State FL	Zip Code 34677-5609				1352608 Receipt th	4 iis Period						
FEC ID number of contributing federal political committee.	С		85.00										
Name of Employer (for Individual) Hartin Dynamics	Occ Bro	upation (for Individual) ker		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 473.00]										
Full Name of Individual (Last, First, Mi C. Siino, Thomas, , ,	ddle Initial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 1126 Clifton Avenue			M 12	2	23		y y 2019	Y					
City Clifton	State NJ	Zip Code 07013-3622				1352608 Receipt th	is Period						
FEC ID number of contributing federal political committee.	C				,	. ,	30.	00					
Name of Employer (for Individual) Executive Benefits Group, LLC	Occi Brok	upation (for Individual) ker		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]										
SUBTOTAL of Receipts This Page (option	nal)				, .	.,	530.0	00					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
			13 14 15 16 1 berson for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Mi Pleasants, Jennifer, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6726 Stuyvesant Ct.			M M / D D / Y Y Y Y 12 23 2019							
City Corpus Christi	State TX	Zip Code 78414-4269	Transaction ID : 13526086 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) UnitedHealthcare Employer & Individual Receipt For:	Acc	upation (for Individual) ount Executive Year-to-Date ▼	Memo Item							
Other (specify) ▼		360.00]							
Full Name of Individual (Last, First, Mi B. Brown, Carey, H., ,	•									
Suite 2750										
City Atlanta	State GA	Zip Code 30328-6243	Transaction ID : 13526421 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) The Benefit Company	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]							
Full Name of Individual (Last, First, Mi C. McConnaughey, John, R., ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 805			12 24 2019							
City West Chester	State OH	Zip Code 45071-0805	Transaction ID : 13526422 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) JRM & Associates Agency, Inc	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]							
SUBTOTAL of Receipts This Page (option	onal)		122.00							
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Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check c							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	. [11b	11c	12	<u> </u>		
Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Min A. Todd, Richard, H., ,	Date	of R	eceipt							
Mailing Address PO Box 56166			M 12		24	/ Y	2019	Y		
City Little Rock	State AR	Zip Code 72215-6166			tion ID : Each Re		3 is Period			
FEC ID number of contributing federal political committee.	С			_	-y		30.0)0		
Name of Employer (for Individual) The Todd Agency, Inc. Receipt For:	Brol			Mem	o Item					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Mi B. Todd, David, , ,	Date	of R	eceipt							
Mailing Address PO Box 56166		12 24 2019								
City Little Rock	State AR	Zip Code 72215-6166			tion ID : 1					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period								
Name of Employer (for Individual) The Todd Agency, Inc.				cupation (for Individual) Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Mi Helms, John, S. , ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 2940 Camino Diablo # 205 City	State	Zip Code	12	12 / D D / Y Y Y Y 12 24 2019						
Walnut Creek	CA	94597-3992			tion ID : Each Re		is Period			
FEC ID number of contributing federal political committee.	C				,	y	30.0	0		
Name of Employer (for Individual) John Helms Associates	Occi Brok	upation (for Individual) ser		Mem	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	1							
SUBTOTAL of Receipts This Page (optic	nal)				,	. ,	90.0	0		
TOTAL This Period (last page this line n	umber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 85 OF

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11	EIVILLED REGEIFIJ		for each category of the Detailed Summary Page		1 12		11b	11c	12				
	ny information copied from such Reports and Sta for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Todd, Helen, M., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address PO Box 56166				12 24 2019								
	City Little Rock	State AR	Zip Code 72215-6166					: 1352642 Receipt th	27 nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-y 1		30.0	00			
	Name of Employer (for Individual) The Todd Agency, Inc.	Occu Brok	upation (for Individual) ker		Me	этc	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
в.	Full Name of Individual (Last, First, Middle Initi Barrera, Rolando, G., ,	al) or Full O	rganization Name		Date of	i Re	eceipt						
	Mailing Address 101 N Shoreline Blvd Suite 410	ing Address 101 N Shoreline Blvd			M M 12	1	24		2019	Y			
	City Corpus Christi	State TX	Zip Code 78401-2825		Transaction ID : 13526429 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	85.00						00				
	Name of Employer (for Individual) Roland Barrera Insurance	Occi Age		Me	этc	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼ 1225.00]									
с.	Full Name of Individual (Last, First, Middle Initi Fugitt-Hetrick, Pamela, Leigh, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1123 Soquel Avenue				^M 12	/	D 24		2019	Y			
	City Santa Cruz	State CA	Zip Code 95062-2105					: 1352643 Receipt th	30 his Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y 1	9	30.0	00			
	Name of Employer (for Individual) DCD Financial & Insurance Services		upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]									
s	UBTOTAL of Receipts This Page (optional)			▶ _	<u> </u>	+	, ,		145.(00			
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SCHEDULE A (FEC Form 3X)

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177	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck only	/ or	ne)					
			for each category of the Detailed Summary Page		X 11a]11b	11c	12			
	y information copied from such Reports and Si											
or	for commercial purposes, other than using the	name and a	doress of any political committe	etos	Solicit Cor	ntrip	outions 1	from suc	n committe	90.		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Clark, Jonathan, S., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 6084 South 900 East, Suite 10				12 / D D / Y Y Y Y 12 24 2019							
	City Murray	State UT	Zip Code 84121-1743					1352643 Receipt th	33 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_		-	20.0	00		
	Name of Employer (for Individual) Fringe Benefits Analysts	Occi Broł	upation (for Individual) ker		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1								
в.	Full Name of Individual (Last, First, Middle Init Baker, Misty, J., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 502 Brookside Pass						D 24		y y 2019	Y		
	City Cedar Park	State TX	Zip Code 78613-4237					1352643 Receipt th	4 nis Period			
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –					30.00					
	Name of Employer (for Individual) BenefitMall	Occ. Vice		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
<u></u> с.	Full Name of Individual (Last, First, Middle Init Savas, John, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5462 Shirley Jean Ct				Date of Receipt							
	City Winston Salem	State NC	Zip Code 27105-1773					135264 3 Receipt th	35 nis Period			
	FEC ID number of contributing federal political committee.	С					,	5	20.0	00		
	Name of Employer (for Individual) Savas Insurance		upation (for Individual) rance Agent		Me	emc	ttem					
	Receipt For: Primary General Other (specify)	1										
s	UBTOTAL of Receipts This Page (optional)						, .		70.0	0		
т	OTAL This Period (last page this line number of	only)		_ ▶								

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

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PAGE 87 OF

	EWIZED RECEIPTS		Detailed Summary Page	×	-		-	1b	11c		12	<i>i</i> =	
	y information copied from such Reports and Sta for commercial purposes, other than using the							se of					
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Chornak, Shelley, A., , Mailing Address 7251 Engle Rd. Suite 103	al) or Full O	rganization Name		Date of Receipt								
	City Cleveland	State OH	Zip Code 44130-3400		12 24 2019 Transaction ID : 13526438								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.00								00	
	Name of Employer (for Individual) Sage Partners, LLC	Occi Broł	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼												
Β.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mendieta, Adriana, , ,						ece	ipt					
	Mailing Address PO BOx 727						12 24 Y Y Y Y 2019						
	City Artesia	State CA	Zip Code 90702-0727						135264		Doriod		
	FEC ID number of contributing federal political committee.	ID number of contributing							eceipt	.nis	25.0	00	
	Name of Employer (for Individual) Colonial Life	upation (for Individual) ordinator	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
С.	Full Name of Individual (Last, First, Middle Initia Rasmussen, Reid, , ,	al) or Full O	rganization Name		Date o	f Re	ece	ipt					
	Mailing Address 6841 Virginia Pkwy Ste 103-377				^M 12	/	I	24	/		2019	Y	
	City McKinney	State TX	Zip Code 75071-5710						135264 eceipt 1		Period		
	FEC ID number of contributing federal political committee.	С					9		, ,	_	50.0	00	
	Name of Employer (for Individual) Freshbenies	upation (for Individual) er		M	lemo	o It	em						
	Receipt For: Primary General Other (specify)	e Year-to-Date ▼ 450.00											
s	UBTOTAL of Receipts This Page (optional)		•	.			,		. ,		117.(00	
т	OTAL This Period (last page this line number o	nly)		.			-						

SCHEDULE A (FEC Form 3X) ...

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for each category of the Detailed Summary Page	X 11a 11b							

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Midd Holcomb, Karen, , ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260			12 / D D / Y Y Y Y 12 25 2019						
City Spokane	State WA	Zip Code 99201-4912	Transaction ID : 13526571 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Viren and Associates, Inc.		upation (for Individual) ducer	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Midd 3. Guttery, Porter, Brown , ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 9937 Redbud Lane			12 25 2019						
City Lenexa	State KS	Zip Code 66220-3737	Transaction ID : 13526575 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		12.00						
Name of Employer (for Individual) Mid-America Insurance Services	Occ Age	upation (for Individual) ent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00							
Full Name of Individual (Last, First, Midd C. Meyers, Sean, , ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 2033 CEDAR LANE			12 / 25 / 2019						
City OCEAN VIEW	State NJ	Zip Code 08230-1141	Transaction ID : 13526579 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Hafetz and Associates	Occ Broł	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 306.00]						
SUBTOTAL of Receipts This Page (optional	al)		72.00						
TOTAL This Period (last page this line nur	nber only)								

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

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	EMIZED RECEIPTS			Detailed Summary Page	×			11		11c	12		
Δn	y information copied from such Reports and St	tatemente m		not be sold or used by any p	Arson f	13 for the	nur	14		15 soliciting	16	17 tions	
	for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	Health Underwriters Political Act	tion Com	mi	ttee									
۹.	Full Name of Individual (Last, First, Middle Initi Andress, Carolyn, Marie, ,	ial) or Full O)rga	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 1959 Highway 34 2nd Floor			1		12 25 2019							
	City	State		Zip Code		Trans	acti	ion	ID : 1	352658	0		
	Wall Township	NJ	07719-9750	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						-		-	30.	00	
	Name of Employer (for Individual) HUB International	Occi Brol	•	tion (for Individual)		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ar-to-Date V									
	Primary General	33 - 3 - 4	-		11.								
	Other (specify) V	L	-9-	360.00									
3.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Simpson, Anya, Y., ,							ecei	ipt				
	Mailing Address 347 S Witchduck Road		12 25 2019							Y			
	City	State		Zip Code		Trans	acti	ion	ID : 1	352658	2		
	Virginia Beach	VA		23462-3645				-			is Period		
	FEC ID number of contributing federal political committee.	С				-		45	30.	00			
	Name of Employer (for Individual) Benefit Plans, Inc.	Occupation (for Individual) Broker					Memo Item						
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼		,	410.00]								
_	Full Name of Individual (Last, First, Middle Initi Trokey, Kevin, , ,	ial) or Full O	rga	nization Name		Date of	f Ro		int				
	Mailing Address 215 S. Kirkwood Rd Ste 201								25	/ Y	ү ү 2019	Y	
	City	State		Zip Code		Trans	sacti	ion	ID : 1	1352658	3		
	Saint Louis	MO		63122-4359		Amoun	t of	Ea	ch Re	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						,		,	50.	00	
	Name of Employer (for Individual)	Occ	una	tion (for Individual)		Memo Item							
	Q4intelligence LLC	Brok	•	ion (ior marriada)									
	Receipt For:	Aggregate											
	Primary General	, iggi oguto	11.										
	Other (specify)	L	-	1550.00									
s	UBTOTAL of Receipts This Page (optional)					_			_		110.0	00	
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T	DTAL This Period (last page this line number of	only)		••••••	•			7					

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ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)			
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Repo or for commercial purposes, other than	rts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Com	mittee				
Full Name of Individual (Last, First, Gwin, David, R., ,	Middle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address P.O. Box 1396			12 25 2019			
City Irmo	State SC	Zip Code 29063-1396	Transaction ID : 13526584 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		85.00			
Name of Employer (for Individual) Southeastern Insurance Consultants	Occi Brol	upation (for Individual) ker	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]			
Full Name of Individual (Last, First, B. Wright, Dennis, E., ,	Date of Receipt					
Mailing Address 1111 Chestnut Hills	12 / 25 / 2019					
City Fort Wayna	State	Zip Code	Transaction ID : 13526585 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) Employee Plans, LLC	Occ Bro	upation (for Individual) ker	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]			
Full Name of Individual (Last, First, Thal, Harry, P., ,	Middle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address PO BOX 2137			12 25 2019			
City KERNVILLE	State CA	Zip Code 93238-2137	Transaction ID : 13526586 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		85.00			
Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occi Brok	upation (for Individual) eer	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00]			
SUBTOTAL of Receipts This Page (op	tional)		200.00			
TOTAL This Period (last page this line	number only)					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 91 OF

ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)					
ILEIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee						
Full Name of Individual (Last, First, M Musser, Ray, M., ,	1iddle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 880 Pebble Beach D	r.		12 25 2019					
City Upland	State CA	Zip Code 91784-9131	Transaction ID : 13526588 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Ray Musser & Associates Insurance S		upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]					
Full Name of Individual (Last, First, N B. Beck, Carolyn, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 101 Plaza East Blvd	12 25 2019							
City Evansville	State IN	Zip Code 47715-2870	Transaction ID : 13526589 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		42.00					
Name of Employer (for Individual) SIHO Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]					
Full Name of Individual (Last, First, M C. Cox, Carrie, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4811 Gaillardia Park	way, Suite 300		12 / 25 / 2019					
City Oklahoma City	State OK	Zip Code 73142-1875	Transaction ID : 13526590 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00					
Name of Employer (for Individual) NFP Corporate Benefits	Occ Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]					
SUBTOTAL of Receipts This Page (opi	ional)		147.00					
TOTAL This Period (last page this line	number only)							

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

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	EWIZED RECEIPTS		Detailed Summary Page	▼ 11a 11b 11c 12							
				13 14 15 16 17							
or	for commercial purposes, other than using th			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
\backslash	NAME OF COMMITTEE (In Full)		•								
	Health Underwriters Political A	ction Com	mittee								
A.	Full Name of Individual (Last, First, Middle Ir Lucas, William, H., ,	nitial) or Full C	organization Name	Date of Receipt							
	Mailing Address PO Box 1089			M M / D D / Y Y Y Y 12 25 2019							
	City	State	Zip Code	Transaction ID : 13526591							
	Richmond Hill	GA	31324-1089	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Bill Lucas & Associates Insurance	Occ CE0	upation (for Individual) D	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		330.00	1							
	Full Name of Individual (Last, First, Middle Ir Thrash, Rachel, B., ,	nitial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 214 Milam Street			12 / 25 / 2019							
	City	State	Zip Code	Transaction ID : 13526593							
	Shreveport	LA	71101-3226	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Querbes & Nelson A Partnership	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		330.00]							
	Full Name of Individual (Last, First, Middle Ir Spinelli, Frank, , ,	itial) or Full C	Prganization Name	Date of Receipt							
	Mailing Address 1100 Superior Avenue Stree Suite 1500	t		12 / D D / Y Y Y Y 12 25 2019							
	City	State	Zip Code	Transaction ID : 13526594							
	Cleveland	OH	44114	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item							
	Oswald Companies		Group Benefits								
	Receipt For:	· · · ·	Year-to-Date ▼	—							
	Primary General	Aggregate		-							
	Other (specify)	L	330.00								
s	UBTOTAL of Receipts This Page (optional)			90.00							
т	OTAL This Period (last page this line number	only)									

Use separate schedule(s)

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PAGE 93 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 1 berson for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Mide A. Age, Jill, Snead, ,	Date of Receipt							
Mailing Address 5232 Wythe Avenue			12 26 / Y Y Y Y Y Y					
City Richmond	State VA	Zip Code 23226-1411	Transaction ID : 13526601 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) TowneBenefits	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, Mide B. Riedl, Alycia, , ,	Date of Receipt							
Mailing Address 333 S 7th Street Suite 1400								
City Minneapolis	MN	21p Code 55402-0119	Transaction ID : 13526602 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Mercer	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, Mide C. (Wooden) Lovincey, Rebecca		rganization Name	Date of Receipt					
Mailing Address 201 NE Park Plaza Dr #	293		12 / D D / Y Y Y Y 12 26 2019					
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 13526603 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) AIMEA Insurance, Inc.	Occi Age	upation (for Individual) nt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00						
SUBTOTAL of Receipts This Page (option	al)		90.00					
TOTAL This Period (last page this line nu	mber only)							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)	-
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	747
			13 14 15 16 erson for the purpose of soliciting contribution e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee		
Full Name of Individual (Last, First, Midd Morrison, James, M., ,	le Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 6096 Innovation Way			M M / D D / Y Y Y Y 12 26 2019	
City Carlsbad	State CA	Zip Code 92009-1741	Transaction ID : 13526604 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	1	
Full Name of Individual (Last, First, Midd B. Amato, Stephanie, , ,	le Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 40 Corporate Ave.			M M / D D / Y Y Y Y 12 26 2019	
City Plainville	State CT	Zip Code 06062-1195	Transaction ID : 13526605 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		20.00	
Name of Employer (for Individual) The Health Consultants Group		upation (for Individual) tner	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]	
Full Name of Individual (Last, First, Midd C. Washko, Carla, D., ,	le Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 7251 Engle Rd. Suite 103	State	Zin Code	12 / 26 2019	
City Middlebrg Hts	OH	Zip Code 44130-3400	Transaction ID : 13526607 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		42.00	
Name of Employer (for Individual) Sage Partners, LLC	Occ Age	upation (for Individual) nt	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	1	
SUBTOTAL of Receipts This Page (option	al)		147.00	
TOTAL This Period (last page this line nur	nber only)			Ī.

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check c	only c	one)	L		
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Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee						
Full Name of Individual (Last, First, Mid Rivera, Michael, A., ,	dle Initial) or Full C	organization Name	Date	of R	eceipt			
Mailing Address 13201 N.W. Fwy. Suite	265		M 12		/ D 26		y y 2019	Y
City Houston	State TX	Zip Code 77040-6165				: 1352660 Receipt th)9 his Period	
FEC ID number of contributing federal political committee.	С					1.7	85.0	00
Name of Employer (for Individual) Northwest General Insurance	Occ Brol	upation (for Individual) ker		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]					
Full Name of Individual (Last, First, Mid B. Tretter, Robert, C., ,	dle Initial) or Full C	organization Name	Date	of R	eceipt			
Mailing Address 6222 Spring Lake Drive			M 12		, 26		2019	Y
City Hamilton	State OH	Zip Code 45011-8189				: 1352661 Receipt th	2 nis Period	
FEC ID number of contributing federal political committee.	С			_			42.0	00
Name of Employer (for Individual) National Association of Health Underwr	Occ Bro	upation (for Individual) ker		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00]					
Full Name of Individual (Last, First, Mid Niederman, Brad , , ,	dle Initial) or Full C	organization Name	Date	of R	eceipt			
Mailing Address 1745 Shea Center Dr 4th Floor City	State	Zip Code	12 T	2	26	6	2019	Y
Highlands Ranch	CO	80129-1537				: 1352661 Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С				y		30.0)0
Name of Employer (for Individual) Niederman Insurance Agency	Occ Brok	upation (for Individual) ker		Mem	io Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	1					
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Health Underwrite	ers Political Action Co	mmitt	ee							
Full Name of Individual (L Mann, William, D., ,	zation Name		Date of	Re	eceipt					
Mailing Address 12777 Jo Suite 332					12 ^M	/	26		2019	Y
City Houston	State TX	Z	Zip Code 77070-4627	_				: 1352661 Receipt th	16 his Period	
FEC ID number of contrib federal political committee	ů.						-		42.0	00
Name of Employer (for In The Compliance Office	,	ccupatio EO	n (for Individual)		Me	emo	ttem			
Receipt For: Primary Go Other (specify) ▼	eneral Aggrega	te Year-	to-Date ▼ 504.00							
Full Name of Individual (L B. Schneider, Chad, P	ast, First, Middle Initial) or Full	l Organiz	zation Name		Date of	Re	eceipt			
Mailing Address 848 W. E STE 104					M M 12	1	26		ү ү 2019	Y
City Chicago	State	Z	Zip Code 60642-2635					: 1352661		
FEC ID number of contrib federal political committee	outing				Amount	. 01		Receipt tr	nis Period 85.0	00
Name of Employer (for In Jellyvision	,)ccupatio Broker	n (for Individual)		Me	emo	ttem			
Receipt For: Primary Ge Other (specify) ▼	eneral Aggrega	ate Year-	to-Date ▼ 1020.00							
c. Jurkus, Charles, ,		l Organiz	zation Name		Date of	Re	eceipt			
Mailing Address 823 Com	1				12 ^M	/	26	3	2019 [°]	Y
City Oak Brook	State IL		Zip Code 60523-8855					: 1352662 Receipt th	22 nis Period	
FEC ID number of contrib federal political committee	ů.				<u> </u>		9	,	30.0	00
Name of Employer (for In Employee Benefit Risk Mg		ccupatio roker	n (for Individual)		M	emo	o Item			
Receipt For: Primary G Other (specify)	eneral Aggrega	ate Year-	to-Date ▼ 360.00							
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ITEMIZED RECEIPT	e	Use separate schedule(s)	(check only one)	
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			erson for the purpose of soliciting contribution e to solicit contributions from such committee	ons
NAME OF COMMITTEE (II Health Underwrite	n Full) rs Political Action Com	mittee		
Full Name of Individual (La Ledgerwood, Michael,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 12022 FO			12 / D D / Y Y Y Y 26 2019]
City CYPRESS	State TX	Zip Code 77433-3834	Transaction ID : 13526626 Amount of Each Receipt this Period	
FEC ID number of contribution federal political committee.	ting C		30.00)
Name of Employer (for Ind Senior Health Plans of Texa Receipt For:	as Brok	upation (for Individual) ker Year-to-Date ▼	Memo Item	
Other (specify) ▼	neral	360.00]	
B. Full Name of Individual (La Selby, John, , , Mailing Address 25B Hanov	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt	
Suite 220 City	State	Zip Code	12 26 2019 Transaction ID : 13526627	_
Florham Park	NJ	07932-1443	Amount of Each Receipt this Period	
FEC ID number of contributed federal political committee.	Iting C		30.00)
Name of Employer (for Ind Savoy Associates	,	upation (for Individual) President	Memo Item	
Receipt For: Primary Gen Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 240.00]	
Full Name of Individual (La C. Grant, Staci, R., ,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 74 Glenda	le Ave		12 / D D / Y Y Y Y 12 26 2019	
City Livingston	State NJ	Zip Code 07039-2310	Transaction ID : 13526628 Amount of Each Receipt this Period	
FEC ID number of contribution federal political committee.	ting C		30.00)
Name of Employer (for Ind Henry O. Baker Insurance C Receipt For:	Group	upation (for Individual) President	Memo Item	
	neral	Year-to-Date ▼ 360.00	1	
SUBTOTAL of Receipts This	Page (optional)		90.00)
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SCHEDULE A (FEC Form 3X)

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Detailed Summary Page

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
		person for the purpose of soliciting contributions			
ical Action Com	mittee				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hatfield, Matthew, F., , Mailing Address 2207 Springfield Avenue					
		12 / D D / Y Y Y Y Y 26 2019			
State IN	Zip Code 46805-1541	Transaction ID : 13526629 Amount of Each Receipt this Period			
С		30.00			
	,	Memo Item			
Aggregate	Year-to-Date ▼ 360.00]			
Middle Initial) or Full O	rganization Name	Data of Respirit			
SW		Date of Receipt			
		Transaction ID : 13526630			
C		Amount of Each Receipt this Period			
		Memo Item			
Aggregate	Year-to-Date ▼ 1200.00]			
Middle Initial) or Full Or	rganization Name	Date of Receipt			
		12 26 2019			
State CA	Zip Code 92069-9401	Transaction ID : 13526635 Amount of Each Receipt this Period			
С		50.00			
	· · · · · ·	Memo Item			
Aggregate	Year-to-Date ▼	-			
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	itical Action Com Middle Initial) or Full O venue State IN C Occu Brok Aggregate Aggregate Middle Initial) or Full O d SW State VA C Occu Car Aggregate Occu Car Aggregate C Occu Car Car Car Car Car Car Car Car	for each category of the Detailed Summary Page ports and Statements may not be sold or used by any partical committee itical Action Committee Middle Initial) or Full Organization Name venue State Zip Code IN Zip Code Occupation (for Individual) Broker Aggregate Year-to-Date ▼ State Zip Code YA Zip			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee										
Full Name of Individual (Last, First, Middle Gilbert, Debra, E., ,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 2331 Mustang Drive Suite 200			12 26 Y Y Y Y Y 12 26 2019									
City Grapevine	State TX	Zip Code 76051-1014	Transaction ID : 13526636 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) sident	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name of Individual (Last, First, Middle B. Morris, Reine, C., ,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 500 NE Multnomah	1		12 / D D / Y Y Y Y Y 12 27 2019									
City Portland	State OR	Zip Code 97232-2023	Transaction ID : 13527073 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) r Large Group Acct Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
Full Name of Individual (Last, First, Middle C. Singleton, Terry, , ,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1021 Douglas Ave			M M / D D / Y Y Y Y 12 27 2019									
City Altamonte Springs	State FL	Zip Code 32714-2029	Transaction ID : 13527074 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) The Enterprise Team at Sihle Insurance	Occ Part	upation (for Individual) ner	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	1									
SUBTOTAL of Receipts This Page (optional)		135.00									
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	y information copied from such Reports and s for commercial purposes, other than using th																
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	ımi	ttee													
Α.	Full Name of Individual (Last, First, Middle In Cartier, Fred, , ,	iitial) or Full C)rgar	nization Name	Date of Receipt												
	Mailing Address 11920 White River Drive					^M 12	1	ľ	27	/ Y	ү ү 2019	Y					
	City San Antonio	State TX		Zip Code 78254-6369						352707 ceipt th	76 nis Period						
	FEC ID number of contributing federal political committee.	С						-		- 45-	42.	00					
	Name of Employer (for Individual) Assured Benefits Administrators			ion (for Individual) Executive		M	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 504.00													
В.	Full Name of Individual (Last, First, Middle In Underhill, Elizabeth, J., ,	nitial) or Full C)rgar	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 5951 Canoga Avenue			12 D D / Y Y Y Y Y Y 27 2019													
	City Woodland Hills	State CA		Zip Code 91367-5010				-		352707 ceipt th	7 nis Period						
	FEC ID number of contributing federal political committee.	С	_					-		-7-	85.	00					
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.			ion (for Individual) ce agent		M	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1220.00													
с.	Full Name of Individual (Last, First, Middle In Reddy, Michael, S., ,	nitial) or Full C)rgar	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 330 River Pointe Drive					^M 12	1	ľ	27	/ Y	ү ү 2019	Y					
	City Elkhart	State IN		Zip Code 46514-1457		Transaction ID : 13527080 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	_					y		9	85.	00					
	Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occ Brok	•	ion (for Individual)		M	emc	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1020.00													
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<u> </u>	NAME OF COMMITTEE (In Full)			, 10 0					1 001111	inteoc	-
\rangle	Health Underwriters Political Acti	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Tomlinson, Neal, Alan, ,	Organization Name		Date of	f Re	eceipt					
	Mailing Address P.O. Box 71628				12 ^M	/	D 27) / Y	2019]
	City Albany	State GA	Zip Code 31708-1628	_				1352708 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		2	25.00	
	Name of Employer (for Individual) Doherty Duggan Hart & Tiernan Insurors		upation (for Individual) nmercial Account Executive		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
	Full Name of Individual (Last, First, Middle Initia Matznick, Carol, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address P O Box 78175				12 ^M	1	D 27) / Y	2019	(Y]
	City	State NC	Zip Code	_				1352708			
	Greensboro		27427-8175	_	Amoun	t of	Each F	Receipt th	iis Perio	od	
	FEC ID number of contributing federal political committee.	С			Ľ.		-		3	80.00	
	Name of Employer (for Individual) Triune Technologies, Inc.	Occ Bro	cupation (for Individual) ker		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		, 330.00								
	Full Name of Individual (Last, First, Middle Initia Bechtold, Annette, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 148 Stone Cliff Trace				12 ^M	/	D 27		2019]
	City Cleveland	State GA	Zip Code 30528-5397					1352708 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	4	7.00	
	Name of Employer (for Individual) OneDigital	Occi Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 564.00								
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actic	on Com	mittee									
٩.	Full Name of Individual (Last, First, Middle Initial) Hill, Donna, D., ,) or Full O	rganization Name		Date of	Re	ce	pt				
	Mailing Address 2905 Premiere Parkway Suite 285				^M 12	/	l	D D 27	1		y y 2019	Y
	City Duluth	State GA	Zip Code 30097-5246						135270 eceipt		Dorio	4
	FEC ID number of contributing federal political committee.	С			Inourn		La		eceipi	uns		.00
	Name of Employer (for Individual) E2E Benefits Services Inc	Occi Broł	upation (for Individual) ser		M	emo) Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00									
	Full Name of Individual (Last, First, Middle Initial) Severo, Daniel, , ,) or Full O	rganization Name		Date of	Re	cei	pt				
	Mailing Address 231 Chestnut St. #410				™ 12	/	Ľ	27	1		2019	Y
	City Meadville	State PA	Zip Code 16335-3458	A			-		135270 eceipt		Perio	b
	FEC ID number of contributing federal political committee.	С			_		,				30	.00
	Name of Employer (for Individual) The DJB Group, Inc.	Occ Bro	upation (for Individual) ker		M	emo	lte	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
	Full Name of Individual (Last, First, Middle Initial) Witt, Kelly, J., ,) or Full O	rganization Name		Date of	Re	ce	pt				
	Mailing Address 1017 Pine Hill Way				^M 12	/	Ľ	27	1		2019	Y
	City Carmel	State IN	Zip Code 46032-7701	Δ					13527 eceipt		Perio	d
	FEC ID number of contributing federal political committee.	С					,		,			.00
	Name of Employer (for Individual) Merican Health and Wellness Group		upation (for Individual) f Operating Officer		М	emo) It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00									
S	JBTOTAL of Receipts This Page (optional)		•	. [,		. ,		145	.00

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Pol	tical Action Com	mittee								
Full Name of Individual (Last, First, Jennings, Julie, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 500 Faunce Corne Bldg 100, Suite 120)		12 / Y Y Y Y 12 27 2019							
City Dartmouth	State MA	Zip Code 02747-1255	Transaction ID : 13527092 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) Massachusetts Association of Health		upation (for Individual) Ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	1							
Full Name of Individual (Last, First, Booth, Neil, A., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Booth, Neil, A., ,									
Mailing Address 23901 Calabasas F	12 27 2019									
City Calabasas	State CA	Zip Code 91302-3307	Transaction ID : 13527093 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		63.00							
Name of Employer (for Individual) American Marketing Administrators I	NO	upation (for Individual) ker & CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00]							
Full Name of Individual (Last, First, Johnson, Suzanne, K., ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5955 Carnegie Blv	12 27 2019									
City Charlotte	State NC	Zip Code 28209-4664	Transaction ID : 13527095 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual) Employee Benefit Advisors of the Ca		upation (for Individual) cer	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	1							
SUBTOTAL of Receipts This Page (c	pptional)		233.00							
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ITEMIZED RECEIPTS	for each category of th Detailed Summary Pag							
or for commercial purposes, other than us		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Committee							
Full Name of Individual (Last, First, Mic Goodacre, James, William, ,								
Mailing Address PO Box 22423		12 27 2019						
City Carmel	StateZip CodeCA93922-0423	Transaction ID : 13527097 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	30.00						
Name of Employer (for Individual) James W. Goodacre II RHU,REBC	Occupation (for Individual) Broker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.0)0						
Full Name of Individual (Last, First, Mic B. Jackson, Jerry, D., ,	ldle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 5113 N. Executive Drive Suite 102		12 / ^D D / ^Y Y Y Y Y 2019						
City Peoria	State Zip Code IL 61614-4893	Transaction ID : 13527098 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	42.00						
Name of Employer (for Individual) Jackson Financial Services	Occupation (for Individual) Broker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Primary General General							
Full Name of Individual (Last, First, Mic C. Stacy, Dustin, , ,	ldle Initial) or Full Organization Name	Date of Receipt						
	Mailing Address 1151 Red Mile Road							
City Lexington	StateZip CodeKY40504-2649	Transaction ID : 13527100 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	30.00						
Name of Employer (for Individual) BIM Group	Occupation (for Individual) Broker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.0	00						
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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl Starr, Gwyn, M., , Mailing Address 27777 Franklin Rd, Ste 1		rganization Name	Date of Receipt 12 / 27 / 2019 Transaction ID : 13527101 Amount of Each Receipt this Period 30.00							
City Southfield	State MI	Zip Code 48034-8282								
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00								
Full Name of Individual (Last, First, Middl B. Nezat, Ron, J., ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address PO Box 91180	04-4-	7.0.00	12 / D D / Y Y Y Y Y 12 27 2019							
City Lafayette	State LA	Zip Code 70509-1180	Transaction ID : 13527104 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Global Financial Resources, Inc.	Occ Age	upation (for Individual) ent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00								
Full Name of Individual (Last, First, Middl Tierney, Robert, J. , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 830 N Main St STE 200			12 / D D / Y Y Y Y Y 27 / 2019							
City Meridian	State ID	Zip Code 83642-2611	Transaction ID : 13527113 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Compass Benefit Advisors	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1120.00								
SUBTOTAL of Receipts This Page (optiona	l)		200.00							
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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)										
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committe	etos	Slicit cor	ITTD	utions t	rom suci	n committe	e.					
\rangle	Health Underwriters Political Act	tion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Init Major-Bell, Victoria, A., ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 8650 SW 83rd Loop						12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Ocala	State FL	Zip Code 34481-4629					1352711 eceipt th	4 nis Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	0					
	Name of Employer (for Individual) VMB Solutions	Occi Broł	upation (for Individual) ker		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 360.00	1												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruffin, Helena, , ,				Date of	Re	ceipt								
	Mailing Address 3115 Roxbury Dr #103					12 27 2019									
	City Los Angeles	State CA	Zip Code 90035	Transaction ID : 1352 Amount of Each Recei											
	FEC ID number of contributing federal political committee.	C				30.00									
	Name of Employer (for Individual) Ruffin Insurance Solutions, Inc.		upation (for Individual) sident		Me	emo	Item								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼	360.00													
с.	Full Name of Individual (Last, First, Middle Init Wilson, Thomas, R., ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 701 Lamar					12 27 Y Y Y Y 12 27 2019									
	City Wichita Falls	State TX	Zip Code 76301-6824					1352720 eceipt th)3 his Period						
	FEC ID number of contributing federal political committee.	C					,	, ,	410.0	0					
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occi Brok		Me	emo	tem									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3030.00	1											
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	470.0	0					
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\rangle	Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Furr, Kenneth, , ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 333 Village Bl., Ste. 203				M M / D D / Y Y Y Y 12 27 2019								
	City Incline Village	State NV	Zip Code 89451-8293					: 1352721 Receipt th	11 his Period				
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer (for Individual) Menath Insurance Agency	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	1									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Blasman, Wayne, , ,					f Re	eceipt						
	Mailing Address 5210 Lewis Road, Suite 14				12 28 2019								
	City Agoura Hills	State CA	Zip Code 91301-2662		Trans Amount	18 his Period							
	FEC ID number of contributing federal political committee.	C				85.00							
	Name of Employer (for Individual) Bridgeport Benefits Inc	Occupation (for Individual) Broker				emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate]										
с.	Full Name of Individual (Last, First, Middle Init Collins, Martha, T., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 545 N. Mountain Avenue Suite 208						28	3	2019	Y			
	City Upland	State CA	Zip Code 91786-5055					: 135272 Receipt th	19 his Period				
	FEC ID number of contributing federal political committee.	C					y	. ,	30.0	00			
	Name of Employer (for Individual) Martin & Associates	Occupation (for Individual) Broker			M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]									
s	UBTOTAL of Receipts This Page (optional)			▶		-	,		145.(00			
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	F COMMITTEE (In Full) In Underwriters Political Act	ion Com	mittee									
	e of Individual (Last, First, Middle Initia s, James, A., ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	ddress 710 East Main Street Suite 110				^M 12	1	28	/ Y	ү 2019	Y		
City Lexingto	n	State KY	Zip Code 40502-1602	_				1352722 eceipt th	20 nis Period			
	number of contributing olitical committee.	С			Ē				42.0	00		
Epic Insu	Employer (for Individual)	Occu Brok		Me	əmc	Item						
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 504.00]								
	e of Individual (Last, First, Middle Initia , Heather, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
Mailing A	ddress 11704 Lackland Industrial Drive				12 28 2019							
City	ia	State MO	Zip Code 63146-4209					1352722				
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	Employer (for Individual) HIC Group	upation (for Individual) D		Me	emc	Item						
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	e of Individual (Last, First, Middle Initia g, Howard, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 11704 Lackland Industrial Drive					1	D D D 28	/ Y	2019	Y		
City Saint Lo	uis	State MO	Zip Code 63146-4209					1352722 eceipt th	22 nis Period			
	number of contributing olitical committee.	C					,	9	85.0	00		
Employe	Employer (for Individual) rs Committed To Control Health	Occu Vice		Me	emo	tem						
	-or: nary General ner (specify)	Aggregate	Year-to-Date ▼ 1120.00]								
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or	y information copied from such Reports and for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any period address of any political committee	erson fo to soli	or the cit cor	purp ntrib	pose outio	e of s	oliciting	contribut	ions ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
Α.	Full Name of Individual (Last, First, Middle In West, Kimberly, J., ,	nitial) or Full C	organization Name	D	ate of	Re	eceip	pt			
	Mailing Address 3205 Valley Oaks				^M 12	/	D	28	/ Y	y y 2019	Y
	City White Lake	State MI	Zip Code 48383-3447	A					352722 ceipt th	3 iis Period	
	FEC ID number of contributing federal political committee.	С					-			30.0	
	Name of Employer (for Individual) Kim West Insurance Benefits LTD	Occ Age	upation (for Individual) ent		Me	emo	lte	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	1							
	Full Name of Individual (Last, First, Middle In Petersen, Benjamin, Lee, ,	nitial) or Full C	organization Name		ate of	Re	eceip	pt			
	Mailing Address PO Box 971				^M 12	/	D	28	/ Y	y y 2019	Y
	City Ridgefield	State WA	Zip Code 98642-0971				-		352722 ceipt th	9 iis Period	
	FEC ID number of contributing federal political committee.	С		ļ			-			42.(00
	Name of Employer (for Individual) K & B Benefit Advisors	Occ Bro	upation (for Individual) ker		Me	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00								
	Full Name of Individual (Last, First, Middle In Banchy, Kate, , ,	nitial) or Full C	organization Name		ate of	Re	eceip	pt			
	Mailing Address 4233 Southtowne Drive				^M 12	/	L	28		2019 [°]	Y
	City Eau Claire	State WI	Zip Code 54701-2652	A					352723 ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_		y		y	42.0	00
	Name of Employer (for Individual) Spectrum Insurance Group	Occ Broł	upation (for Individual) ker		Me	emo	b Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 588.00	1							
s	UBTOTAL of Receipts This Page (optional)	· 	••••••	. [y		5	114.0	0
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		′ 11a 13		11b 14		11c 15	12	17
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mide Miller, Kyle, J., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 5600 Engle Rd				^M 12	/	D 2	28	/ Y	ү ү 2019	Y
City Middleville	State MI	Zip Code 49333-9478						352723		
FEC ID number of contributing federal political committee.	С	4355-3470		Amount	t of	Each	Re	ceipt th	iis Period 30.	_
Name of Employer (for Individual) KMA Benefits	Occ Bro	upation (for Individual) ker		M	emo	ltem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
Full Name of Individual (Last, First, Mide B. Selinsky, Steven, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 28638 Oak Point Drive				M M 12	/	2	28	/ Y	y y 2019	Y
City Farmington Hills	State MI	Zip Code 48331-2706				-		3527234 eceipt th	4 iis Period	
FEC ID number of contributing federal political committee.	С			<u> </u>		-		- T	85.	00
Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ector of Sales		M	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00]							
Full Name of Individual (Last, First, Mide C. Martin, Ingrid, L., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 3857 Grand Oak Drive				^M 12	/	2	28 28	/ Y	2019	Y
City Brunswick	State OH	Zip Code 44212-3594						352723 ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			<u> </u>		,			42.	
Name of Employer (for Individual) Ameritas	Occ Brok	upation (for Individual) ker		М	emo) Item	I			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]							
SUBTOTAL of Receipts This Page (option	al)	•	•			,		,	157.	00
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	NAME OF COMMITTEE (In Full)						-							
	Health Underwriters Political Ac	tion Com	nmi	ttee										
Α.	Full Name of Individual (Last, First, Middle Init Waren, M. Hughes, , ,	tial) or Full O)rgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address P.O. Box 7661					^M 12	1	I	28		/ Y)19	Y
	City	State		Zip Code		Trans	acti	io	n ID :	13	52723	6		
	Wilmington	NC		28406-7661		Amoun	t of	E	ach F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,			-gr.	_	30.0	0
	Name of Employer (for Individual) Ebenconcepts, Inc.	Occi Brol	•	tion (for Individual)		М	emc	5 I	tem					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Primary General Other (specify) ▼		-7-	360.00										
в.	Full Name of Individual (Last, First, Middle Init Hazelbaker, Jay, , ,	tial) or Full O	rga	nization Name		Date o	f Re	ece	əipt					
	Mailing Address 5007 Pine Creek Drive					12	/	I	28		/ Y	Y 20	19	Y
	City	State		Zip Code		Trans	acti	ioi	n ID :	13	527237	7	_	
	Westerville	OH		43081-4849		Amoun	t of	Е	ach F	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,				_	42.0	0
	Name of Employer (for Individual) Tabit, Arganbright & Hazelbaker, Inc.		upa side	tion (for Individual) Int		М	emc	o I	tem					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Other (specify)		,	504.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Underhill, Charles, E., ,	tial) or Full O	rga	nization Name		Date o	f Re	ece	eipt					
	Mailing Address PO Box 626					^M 12	1	l	28		/ Y		19	Y
	City Moodlood Lille	State		Zip Code							352723			-
	Woodland Hills	CA		91365-0626	_	Amoun	t of	E	ach F	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,			y	_	85.0	00
	Name of Employer (for Individual) Underhill Insurance Agency	Occi Brok	•	ion (for Individual)		М	emo	o I	ltem					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
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	Health Underwriters Political Acti	ion Com	mittee						
	Full Name of Individual (Last, First, Middle Initia Crosby, Neil, R., ,	al) or Full Oi	rganization Name	Date	of B	eceipt			
	Mailing Address 32110 Agoura Road			12	M	28		2019	Y
Ō	Dity	State	Zip Code				, : 1352724		
_	Westlake Village	CA	91361-4026	Amo	unt of	Each	Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С				-		85.0	00
١	Name of Employer (for Individual) Narner Pacific Insurance Services		upation (for Individual) ctor of Sales		Mem	o Item			
F	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) V		1020.00						
	Full Name of Individual (Last, First, Middle Initia Tower, Kimberly, H., ,	al) or Full Oi	rganization Name	Date	of R	eceipt			
-	Mailing Address 408 E ParkCenter Blvd, Suite 10	00		12	M	28		y y 2019	Y
Ċ	Dity	State	Zip Code	Tra	nsaci	tion ID	: 1352724	4	
-	Boise	ID	83706-6512	Amo	unt of	Each	Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С		ΙĒ	_	-		30.0	00
	Name of Employer (for Individual) PacificSource Health Plans		upation (for Individual) es Executive		Mem	o Item			
F	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) V		330.00						
	Full Name of Individual (Last, First, Middle Initia Bilhartz, Brian, , ,	al) or Full O	rganization Name	Date	of R	eceipt			
Ν	Mailing Address 42376 Klondike Way			M 12		28		2019	Y
	City Indio	State CA	Zip Code 92203-2835				: 1352724 Receipt th		
	EC ID number of contributing ederal political committee.	С				J	,	25.0	00
E	Name of Employer (for Individual) Bilhartz Desert Insurance Agency	Occu Ager	upation (for Individual) nt		Mem	o Item			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00						
su	BTOTAL of Receipts This Page (optional)				-	,		140.0	00
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NAME OF COMMITTEE (In Full) Health Underwriters Political											
Full Name of Individual (Last, First, Middle Buza, Raymond, F., ,	Initial) or Full C	Drgar	ization Name		Date of	Re	ceipt				
Mailing Address 1440 AIA					^M 12	1	D D 28	/ Y	2019	Y	
City Vero Beach	State FL		Zip Code 32963				i on ID : ' Each Re			od	
FEC ID number of contributing federal political committee.	С									3.00)
Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occ Bro		ion (for Individual)		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 672.00								
Full Name of Individual (Last, First, Middle B. Childers, Russell, B., ,	Initial) or Full C	Drgar	ization Name		Date of	Re	ceipt				
Mailing Address PO Box 1547					^M ■ ^M 12	1	28	/ Y	2019	Ŷ	
City Americus	State GA		Zip Code 31709-1547				on ID : 1 Each Re			bc	
FEC ID number of contributing federal political committee.	С						.	- 7-	g	0.00)
Name of Employer (for Individual) Russ Childers, CLU		cupat oker	ion (for Individual)		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1080.00								
Full Name of Individual (Last, First, Middle . Tuthill, Glendae, , ,	Initial) or Full C	Drgar	nization Name		Date of	Re	ceipt				
Mailing Address 736 Old Greenville Rd					^M 12	/	D D 28	/ Y	2019		
City Fayetteville	State GA		Zip Code 30215-5935				i on ID : Each Re			od	
FEC ID number of contributing federal political committee.	C				_		,		2	5.00)
Name of Employer (for Individual) Benevestco, Inc.	Occ Brol	•	ion (for Individual)		Me	emo	tem				
Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 300.00								
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NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee	
Full Name of Individual (Last, First, Middle Ir Reents, Joni, Robin, , Mailing Address 10701 Melody Drive Suite 320 City Northglenn FEC ID number of contributing federal political committee. Name of Employer (for Individual) Reents Insurance Agency Receipt For: Primary General Other (specify) ▼	State CO C Bro	Zip Code 80234-4122 upation (for Individual)	Date of Receipt 12 28 2019 Transaction ID : 13527253 Amount of Each Receipt this Period 85.00 85.00 Memo Item
Full Name of Individual (Last, First, Middle Ir Scopp, Kenneth, N, , Mailing Address 12121 Wilshire Blvd Ste 1100 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Financial Resources Receipt For: Primary General Other (specify) ▼	0 State CA C Bro	Zip Code 90025-1166	Date of Receipt 12 28 2019 Transaction ID : 13527254 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Ir Kapostins, Ashley, , , Mailing Address 255 Primera Blvd, Suite 264 City Lake Mary FEC ID number of contributing federal political committee. Name of Employer (for Individual) CIGNA Receipt For: Primary General Other (specify)	State FL C Occ Brok	Zip Code 32746-2148 upation (for Individual)	Date of Receipt 12 28 2019 Transaction ID : 13527255 Amount of Each Receipt this Period 85.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		· ·	195.00

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	y information copied from such Reports and States for commercial purposes, other than using the nar															
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Com	mi	ttee												
Α.	Full Name of Individual (Last, First, Middle Initial) Kirk, Stephanie, S., ,	or Full O	rgai	nization Name		Da	ite o	f Re	ece	eip	t					
	Mailing Address 18887 State Highway 305 Suite 300	04-4-		7:- 0- 4-		L	12				28			20) 19	Y
	City Poulsbo	State WA		Zip Code 98370-7461	-								52725 eipt th		eriod	
	FEC ID number of contributing federal political committee.	C							-,		_	-	-		30.	
	Name of Employer (for Individual) J.C. Madison Inc		•	tion (for Individual) President & Licensed Produc	er		М	emo	οI	lter	n					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ur-to-Date ▼ 360.00												
B.	Full Name of Individual (Last, First, Middle Initial) Paxton, Pauline, , ,	or Full O	rgai	nization Name		Da	ite o	f Re	ece	eip	t					
	Mailing Address 194 S Grandean Way					M	12	/			28]	/ Y	ү 20	19 [°]	Y
	City Eagle	State ID		Zip Code 83616-4993									52725 eipt th	-	eriod	
	FEC ID number of contributing federal political committee.	C				Ē			,		_	-	-7-		30.	00
	Name of Employer (for Individual) Blue Cross of Idaho		•	tion (for Individual) t Leader		L	Μ	emo	οI	iter	n					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ur-to-Date ▼ 360.00												
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	Mailing Address 100 North Weinbach Avenue					IV	12	/			28	1	/ Y		19	Y
	City Evansville	State IN		Zip Code 47711-6006									52726 eipt th		eriod	
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	Name of Employer (for Individual) Schultheis Life & Health Agency	Occu Ager	•	tion (for Individual)			Ν	lemo	0	lter	n					
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Mailing Address PO Box 337			M	12	/	D D D 28	/ Y	201		Y
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Mailing Address 1041 Old Ca				12 ^M	/	D D D 28	L	201		Y
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Α.	Full Name of Individual (Last, First, Middle Init Pearson, E.J., , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 369 Stone Falls Ave SE Apt 201				^M 12	/	D 28) / Y	ү 2019]
	City Ada	State MI	Zip Code 49301-7923	-				1352726 Receipt th		bd	_
	FEC ID number of contributing federal political committee.	С						1 40	30	0.00	
	Name of Employer (for Individual) Varipro		upation (for Individual) gional Sales Executive		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
в.	Full Name of Individual (Last, First, Middle Init Lubenow, Douglas, , ,	ial) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 214 West Main Street Suite 101	Ctoto	Zin Code		^M 12	/	28		2019	Y	1
	City Moorestown	State NJ	Zip Code 08057-2345	-				1352726 Receipt th		od.	
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	Full Name of Individual (Last, First, Middle Init Grava, A. Andra, , ,	ial) or Full O	Drganization Name		Date of	f Re	eceint				
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	City Allen	State TX	Zip Code 75002-2802					1352726 Receipt th		bd	-
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	Mailing Address 601 Hickory Street				^M 12	/	D 28		ү ү 2019	Y			
	City Liverpool	State NY	Zip Code 13088-4416					: 1352726 Receipt th	58 nis Period				
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	Name of Employer (for Individual) UnitedHealthcare of New York	Occu Brok	upation (for Individual) ker		M	emo	Item						
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	Mailing Address 5175 E Pacific Coast Hwy Ste 304				M M 12	/	28		y y 2019	Ŷ			
	City Long Beach	State CA	Zip Code 90804-3316					1352727 Receipt th	'0 nis Period				
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	Name of Employer (for Individual) Fox Benefits Insurance Agency		upation (for Individual) sident		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]									
С.	Full Name of Individual (Last, First, Middle Init Carothers, Christopher, B., ,	,	rganization Name		Date of	Re	ceipt						
	Mailing Address 3161 East Warm Springs Rd #	±300			^M 12	/	28		2019	Y			
	City Las Vegas	State NV	Zip Code 89120-3144				-	: 135272 Receipt th	71 nis Period				
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	Name of Employer (for Individual) Carothers Insurance Agency, Inc.	Ager	upation (for Individual) ncy Owner		M	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 544.00]									
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Health Underwriters Political A	ction Com	mittee												
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Mailing Address 331 TownePark Circle			12 28 2019											
Suite 200														
City	State	Zip Code		Trans	acti	ion ID :	135272	72		_				
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Mailing Address 15431 Washington St.	•							Ý	Y	Y				
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C. Olson, Trenton, M., , Mailing Address 9980 S. 300 W. Suite 140				Date of	Re	28		201		Y				
City	State	Zip Code		Trans	acti	ion ID	: 135272	77						
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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 for used 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 Mailing Address PO Box 759 TO River Rock Rd City Lewiston City in the source of contributing federal political committee. Name of Employer (for Individual) Vicki Whaley Ins Svcs. Health Agent Date of Receipt for: Aggregate Year-to-Date ▼ Mailing Address 3111 C St. City Aggregate Year-to-Date ▼ State Zip Code State Zip Code Merno Item Date of Receipt for: Merno Item Merno Item Merno Item Merno Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Applegate, Teena, Mailing Address 3111 C St. City Aggregate Year-to-Date ▼ Achorage Ack Sps03-3901 Merno Item Receipt For:		RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
A Health Underwriters Political Action Committee A. Whaley, Vicki, Lee, Mailing Address PO box 739 170 River Rock Rd City Lewiston FEC ID number of contributing tederal political committee. Primary City City Consultation Primary Consultation City Consultation Primary City City Consultation Primary City City Consultation Primary Cenaral Primary City Andorrage Receipt For: Mailing Address 3111 C St. City Mailing Address 3111 C St. City State City State City State City State City State City State City <	or for commer	cial purposes, other than using				or the		oose of	solicitin	g contribu	utions
A. Whalley, Vicki, Lee, Date of Receipt Mailing Address PO Box 759 Transaction 11527279 City CA 96052-0759 City CA 96052-0759 Name of Employer (for Individual) Occupation (for Individual) 42.00 Vicki Whatey ins Svcs. Health Agent Preceipt For: Preceipt For: Appleigate, Teena, Mailing Address 3111 C St. City State Zip Code Another of contributing federal political committee. C 22 / 22 / 2019 City General Option (for Individual) Mailing Address 3111 C St. City State Zip Code Transaction ID: 13527280 Anount of Each Receipt this Period 22 / 22 / 2019 Transaction ID: 13527280 Anount of Each Receipt this Period 300.00 Memo Item RisD Consultant Benetit Consultant Benetit Consultant Receipt For: Aggregate Year-to-Date V Primary General Other (specify) V State Zip Code Transaction ID: 13527280 Name of Employer (for Individual) Benetit Consultant Benetit Consultant Receip	\	· · · · ·	Action Com	mittee							
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NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Committee										
Full Name of Individual (Last, First, Middle A. Lago, Julian, E., , Mailing Address 6671 W Indiantown Rd, S	· · ·	Date of Receipt									
City Jupiter	StateZip CodeFL33458-3991	Transaction ID : 13527284 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	85.00									
Name of Employer (for Individual) Benezon LLC Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 595.00	Memo Item									
Full Name of Individual (Last, First, Middle B. West, Kimberly, J., , Mailing Address 3205 Valley Oaks	•										
City White Lake FEC ID number of contributing federal political committee.	State Zip Code MI 48383-3447	12 04 2019 Transaction ID : 13632687 Amount of Each Receipt this Period 50.00									
Name of Employer (for Individual) Kim West Insurance Benefits LTD	Occupation (for Individual) Agent	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00]									
Full Name of Individual (Last, First, Middle C. Ebben, Bridgette, Rae, ,	 Initial) or Full Organization Name 	Date of Receipt									
Mailing Address 14301 FNB Pkwy, # 207	State Zip Code	12 / 31 / 2019 Transaction ID : 4332825									
Omaha	NE 68154-5299	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	150.00									
Name of Employer (for Individual)	Occupation (for Individual) Senior Account Manager	Memo Item									

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SCHEDULE A (FEC Form 3X) -

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmittee							
A.	Owen, Gary, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Owen, Gary, , ,								
	Mailing Address 38 SE Ocean Blvd			12 / D D / Y Y Y Y Y 12 31 2019						
	City Stuart	State FL	Zip Code 34994-2215	Transaction ID : 6964838 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		150.00						
	Name of Employer (for Individual) Owen Insurance Group, LLC		cupation (for Individual) sident	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00							
в.	Full Name of Individual (Last, First, Middle Initia McDougall, Heather, Lee, ,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 1312 W Kiva Ave		12 31 2019							
	City Mesa	State AZ	Zip Code 85202-6633	Transaction ID : PR433059221796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Affiliated Insurance Solutions		cupation (for Individual) oker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Monthly)						
С.	Full Name of Individual (Last, First, Middle Initia Villagran, Denise, S., ,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 1016 Santa Fe St, #205			12 ^D ^D ^D ^Y						
	City Corpus Christi	State TX	Zip Code 78404-2343	Transaction ID : PR433061221796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Entrust, Inc.	Occ Brol	cupation (for Individual) ker	P/R Deduction (\$42.00 Monthly)						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 432.00							
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SCHEDULE A (FEC Form 3X) -

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A . B	l Name of Individual (Last, First, Middle Initia oucher, Eva, Marie, ,	al) or Full Or	ganization Name		Date of	Re	ceipt			
Ma	iling Address 1606 Ridgecove Dr				^M 12	1	D 31		2019	Y
City Wy	/ /lie	State TX	Zip Code 75098-8185	_					66821796 his Period	
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B . <u>S</u>	I Name of Individual (Last, First, Middle Initia chreder, Lynn, M., , iling Address 130 North 25th Street	al) or Full Or	ganization Name		Date of	Re	ceipt			N
City		State Zip Code						_ L	2019	
	rt Dodge	IA 50501-4338					-		76121796 his Period	
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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Deacon, Joseph, H., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 221 1/2 Hale Street PO Box 2831			12 31 / Y Y Y Y 12 31 2019							
City Charleston	State WV	Zip Code 25301-2207	Transaction ID : PR433129321796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occu Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middl B. Sklar, Erika, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1415 Walton Blvd			12 / D D / Y Y Y Y Y 12 31 2019							
City Rochester Hills	State MI	Zip Code 48309-1775	Transaction ID : PR433136721796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) The Crawford Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1106.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Middl C. McFerrin, Dwane, C., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8420 West Dodge Road Suite 510			12 31 2019							
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168121796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Senior Market Sales, Inc.	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	P/R Deduction (\$85.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona	l)		165.00							
TOTAL This Period (last page this line num	nber only)									

FOR LINE NUMBER:

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		Use separate schedule(s)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Barrett, William, J., ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 6 Keswick Commons			12 31 2019							
	City New Albany	State OH	Zip Code 43054-8231	Transaction ID : PR433180621796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Custom Design Benefits	Occu Brok	upation (for Individual) ser	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Initia Meason, Toby, , ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 301 S. Polk Suite 600	Suite 600									
	City Amarillo	State TX	Zip Code 79101-1406	Transaction ID : PR433183121796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer (for Individual) INSURICA	Occu Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	y General Aggregate Tear-to-Date V									
с.	Full Name of Individual (Last, First, Middle Initia Christensen, H Elizabeth, , ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 3013 Sonora Canyon Rd			12 / D D / Y Y Y Y 12 31 2019							
	City Weatherford	State TX	Zip Code 76087-8215	Transaction ID : PR433187721796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) United Senior Services of Texas	Occu Brok	ipation (for Individual) er	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
-	UBTOTAL of Receipts This Page (optional)		,	80.00							
Т	OTAL This Period (last page this line number of	nly)	······	• • • • • • • • • • • • • • • • • • •							

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

Use separate schedule(s)

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PAGE 127 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I LIVILLU KEULIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middle A. Rifkin, Robert, L., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7 Stonewall Lane			M M / D D / Y Y Y Y 12 31 2019						
City Mamaroneck	State NY	Zip Code 10543-1025	Transaction ID : PR433196821796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Insurance & Financial Services	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Middle Dorman, Harry, , , Mailing Address 1500 N Casaloma Dr Suite	-	rganization Name	Date of Receipt						
City	State	Zip Code	12 31 2019 Transaction ID : PR433197421796						
Appleton	WI	54913-8219	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Medicare Masters, LLC	Occ Age	upation (for Individual) ent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-bate v								
Full Name of Individual (Last, First, Middle Long, Scott, W., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1715 Greenway Village Dr			12 / D D / Y Y Y Y Y 12						
City Katy	State TX	Zip Code 77494-2175	Transaction ID : PR433206821796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Beazley Group		upation (for Individual) es Manager	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)			102.00						

Use separate schedule(s)

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ITE	MIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y or	ne)						
			for each category of the Detailed Summary Page	×	11a		11b		11c	12			
	information copied from such Reports and S for commercial purposes, other than using the							of so					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
	Full Name of Individual (Last, First, Middle Init Brittain, Jennifer, , ,	ial) or Full O	rganization Name	C	ate o	f Re	eceipt						
	Mailing Address 208 N. Mill				^M 12	1	D 3		/ Y	y y 2019	Y		
	City Pryor	State OK	Zip Code 74361-2422	A						432179			
	FEC ID number of contributing federal political committee.	С					-g-		-9	42	.00		
	Name of Employer (for Individual) Brown & Brown, Inc.	Occı Brok	ipation (for Individual) er		М	emo	b Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/	P/R Deduction (\$42.00 Monthly)								
B.	Full Name of Individual (Last, First, Middle Init Gerken, Barbara, Ann, ,	ial) or Full O	rganization Name	C	ate o	f Re	eceipt						
	Mailing Address 1775 Indian Wood Circle	State Zip Code					12 / 31 / 2019 Transaction ID : PR433268321796						
	City Maumee	State Zip Code OH 43537-4010					-						
-	FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period							
	Name of Employer (for Individual) First Insurance Group	Occu Dire		Memo Item									
i	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00				P/R Deduction (\$30.00 Monthly)							
	Full Name of Individual (Last, First, Middle Init Shooshanian, Barbara, , ,	ial) or Full O	rganization Name		ate o	f Re	eceipt						
	Mailing Address 39500 High Pointe Blvd Ste 400				12 / D D / Y Y Y Y 12 31 2019								
	City Novi	State MI	Zip Code 48375-5517	A						9872179 is Period			
	FEC ID number of contributing federal political committee.	С					,		<u>y</u>	30	.00		
	Name of Employer (for Individual) Health Alliance Administrators	Occu Brok		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/	R Dec	lucti	on (\$3	30.00	Month	nly)			
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PAGE 129 OF

IT!	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
111			for each category of the Detailed Summary Page	× 11a 11b	11c	12				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ad	y not be sold or used by any p dress of any political committee	rson for the purpose of to solicit contributions f	soliciting rom such	16 contributio committe	17 ons e.			
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comi	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Vetter, Leah, M., ,	l) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 10050 Regency Circle Suite 300			12 ^{D D}	/ Y	y y 2019	Ý			
	City Omaha	State NE	Zip Code 68114-3721	Transaction ID : Amount of Each R						
	FEC ID number of contributing federal political committee.	С		· · · · ·		30.00	0			
	Name of Employer (for Individual) Arthur J. Gallagher	Occu Brok	pation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 360.00	P/R Deduction (\$30.	00 Monthl	y)				
в.	Full Name of Individual (Last, First, Middle Initia Thams, Todd, , , Mailing Address 1209 Broadway	l) or Full Or	ganization Name	Date of Receipt	/	YYY	Ý			
	City	State	Zip Code	12 31 Transaction ID :	L	2019				
	Denison	IA	51442-2632	Amount of Each R	ach Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) Thams Agency	Occu Brok	ipation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify) ▼	rimary General Aggregate real-to-Date V								
с.	Full Name of Individual (Last, First, Middle Initia Spleet, Michael, , ,	l) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 2444 East Hill Rd.	04-14-	7.0.0.1	12 / D D / Y Y Y Y 12 31 2019 Transaction ID : PR433316621796						
	City Grand Blanc	State MI	Zip Code 48439-5098	Amount of Each R						
	FEC ID number of contributing federal political committee.	С		170.00						
	Name of Employer (for Individual) Franklin Benefit Soutions	Occu Broke	pation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1535.00	P/R Deduction (\$50.	.00 Monthl	y)				
-	UBTOTAL of Receipts This Page (optional)				<u>y</u>	285.00)			

FOR LINE NUMBER:

PAGE 130 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle WEBBER, Tom, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2444 E Hikk Rd			12 31 Y Y Y Y Y 12 31 2019							
City Grand Blanc	State MI	Zip Code 48439	Transaction ID : PR433316721796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Franklin Benefit Soutions	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Ignacio, Vanessa, , , Mailing Address 35501 South Hwy 1#73	Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 31 2019 Transaction ID : PR433367321796							
Gualala	CA	95445-9548	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		400.00							
Name of Employer (for Individual) Ignacio Health	Occ Age	upation (for Individual) Int	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	P/R Deduction (\$100.00 Monthly)							
Full Name of Individual (Last, First, Middle Ornellas, Helen, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 239 W. Court St.	1		12 / D D / Y Y Y Y 12 31 2019							
City Woodland	State CA	Zip Code 95695-3080	Transaction ID : PR433463221796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Ornellas & Associates	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb			472.00							

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

FOR LINE NUMBER:

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ידו			Use separate schedule(s)	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
				person for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee									
Α.	Full Name of Individual (Last, First, Middle In Willison, Clover, Denise, ,	itial) or Full O	ganization Name	Date of Receipt								
	Mailing Address 355 Sprowel Creek Rd			12 / D D / Y Y Y Y 12 31 2019								
	City Garberville	State CA	Zip Code 95542-3110	Transaction ID : PR433468621796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) Clover Willison Insurance Services	Occu Brok	pation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$100.00 Monthly)								
B.	Full Name of Individual (Last, First, Middle In Drake, Laura, , ,	Date of Receipt										
	Mailing Address 401 Gooding St N #106	12 / 31 / 2019 Transaction ID - DP / 3250/421706										
	Twin Falls	State ID	Zip Code 83301-6177	Transaction ID : PR433504421796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer (for Individual) Laura Drake Insurance	Occu Age	pation (for Individual) nt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)								
	Full Name of Individual (Last, First, Middle In Coogan, Michael, , ,	itial) or Full O	ganization Name	Date of Receipt								
	Mailing Address 118 North Bedford Road Suite 100	01-1-	7.0.04	12 / D D / Y Y Y Y 12 31 2019								
	City Mount Kisco	State NY	Zip Code 10549-2555	Transaction ID : PR433548021796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer (for Individual) Coogan FX Insurance LLC		pation (for Individual) icy Founder	P/R Deduction (\$42.00 Monthly)								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 456.00									

FOR LINE NUMBER:

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L.T.	EMIZED RECEIPTS		Use separate schedule(s)				(check only one)							
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page			11a		11b			12	F			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r								ting					
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comi	nittee											
A.	Full Name of Individual (Last, First, Middle Initia VanDuine, Dustin, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 2850 W Grand Blvd				^M 12	/	D 31		Y	y y 2019	Y]		
	City Detroit	State MI	Zip Code 48202-2643		Trans: Amount					262179 s Perio				
	FEC ID number of contributing federal political committee.	С					-			30	0.00			
	Name of Employer (for Individual) Health Alliance Plan		pation (for Individual) unt Executive		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 360.00	P	/R Dedu	uctio	on (\$30).00 Mc	onth	ly)				
B.	Full Name of Individual (Last, First, Middle Initia Roney, Robert, L., ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 600 E Lafayette Blvd.	1		12 31 / Y Y Y Y 12 31 2019]		
	City Detroit	State MI	Zip Code 48226-2927		Transa Amount		-			412179 s Perio				
	FEC ID number of contributing federal political committee.	С	62.00											
	Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occu Ager		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$50.00 Monthly)											
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 3800 Centerpoint Dr., Ste 940	Otata	Zie Oo de		12 ^M	/	D 31			2019]		
	City Anchorage	State AK	Zip Code 99503-5825		Amount					282179 s Perio				
	FEC ID number of contributing federal political committee.	С					,	,		30	0.00	_		
	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		Occupation (for Individual) Account Manager				Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)										
	UBTOTAL of Receipts This Page (optional)		r			_	9			122	2.00	7		

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

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the	
Detailed Summary Page	X 11a 11b

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Midd Butler, Allison, , ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2800 Civic Circle Suite 2	1		M M / D D / Y Y Y Y 12 31 2019									
City Amarillo	State TX	Zip Code 79109-1619	Transaction ID : PR433694521796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occi Brok	upation (for Individual) Ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Midd 3. Bridges, Shirley, , ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P.O. Box 16546			12 31 / Y Y Y Y 12 31 2019									
City Mobile	State	Zip Code 36616-0546	Transaction ID : PR433757021796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		20.00									
Name of Employer (for Individual) Colonial Life		upation (for Individual) Irance Broker	P/R Deduction (\$20.00 Monthly)									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
Full Name of Individual (Last, First, Midd	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5951 Canoga Avenue			12 / D D / Y Y Y Y 12 31 2019									
City Woodland Hills	State CA	Zip Code 91367-5010	Transaction ID : PR433762521796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		125.00									
Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) rance agent	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1345.00	P/R Deduction (\$50.00 Monthly)									
SUBTOTAL of Receipts This Page (option	al)		175.00									
TOTAL This Period (last page this line nur	mber only)											

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

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle Schneider, JoEllen, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2807 W Taft St			M M / D D / Y Y Y Y 12 31 2019								
City Boise	State ID	Zip Code 83703-5015	Transaction ID : PR433791821796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Insurance Professionals		upation (for Individual) efit Consultant	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)								
Full Name of Individual (Last, First, Middle B. Skinner, Roger, W., , Mailing Address 5518 Hammock Glen Drive	-	rganization Name	Date of Receipt								
City	State	Zip Code	12 31 2019 Transaction ID : PR436789421796								
Indianapolis	IN	46235-9779	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.50								
Name of Employer (for Individual) Argus Dental & Vision	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 366.00	P/R Deduction (\$30.50 Monthly)								
Full Name of Individual (Last, First, Middle C. Rippinger, John, F., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 12253 N 115th St			12 / D D / Y Y Y Y 12 31 2019								
City Scottsdale	State AZ	Zip Code 85259-2618	Transaction ID : PR436793521796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Rippinger Financial Group, Inc.	Occi Brok	upation (for Individual) ser	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl	·	,	102.50								

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

(check only one)

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				tailed Summary Page	X	11a		111	b	11c	1	2		
				aneu Summary Page		13		14		15		6	17	
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	nmitte	ee										
A.	Full Name of Individual (Last, First, Middle In Dollins, Michael, B., ,	itial) or Full C	Organiz	ation Name		Date of	Re	eceip	pt					
	Mailing Address PO Box 12120					12 31 Y Y Y Y 12 31 2019								
	City Oklahoma City	State OK	Z	ip Code 73157-2120						R4368 ceipt th				
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period									
	Name of Employer (for Individual) Dollins & Company, Inc.	Occ Brol	•	n (for Individual)		Me	emo	o Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 240.00	P	/R Ded	uctio	on ((\$20.0	0 Montl	hly)			
	Full Name of Individual (Last, First, Middle In Kern, Roy, W., ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name Roy, W., ,												
	Mailing Address 3015 South Fort Avenue, Suit	e B		12 31 / Y Y Y Y 12 31 2019										
	City Springfield	State MO		ip Code 65807-4311	Transaction ID : PR436804521796 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				25.00								
	Name of Employer (for Individual) Kern Insurance Services, LLC	Occ Bro	•	n (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$25.00 Monthly)											
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Trautwein, Janet, , ,						Re	eceip	pt					
		2SS 1212 New York Ave. NW, Ste 1100						L	31		201	9		
	City Washington	State DC		ip Code 20005-3987						R4368				
	FEC ID number of contributing federal political committee.	C						y		y	1	170.00)	
	Name of Employer (for Individual) NAHU	Occ	•	n (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 2040.00	P	/R Ded	ucti	on ((\$170.	00 Mor	thly)			
S	UBTOTAL of Receipts This Page (optional)							9		,	2	215.00)	
т	OTAL This Period (last page this line number	only)		•••••				-		-9-		-		

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
				13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee										
Α.	Full Name of Individual (Last, First, Middle In Rios-Carl, Elizabeth, E., , Mailing Address 210 North Campbell	itial) or Full O	rganization Name	Date of Receipt									
	City	State	Zip Code	12 31 2019 Transaction ID : PR436824521796									
	El Paso	ТХ	79901-1406	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Self-Employed	Occi Brol	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 810.00	P/R Deduction (\$85.00 Monthly)									
	Full Name of Individual (Last, First, Middle In Smith, Patti, , ,	itial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 525 Kirkland Way	12 / D D / Y Y Y Y 12 31 2019											
	City Kirkland	State WA	Zip Code 98033-6219	Transaction ID : PR436829321796 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer (for Individual) P Smith Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)									
	Full Name of Individual (Last, First, Middle In Berman, David, A, ,	itial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 8805 Sawleaf Road			12 D D / Y Y Y Y 12 31 2019									
	City Indianapolis	State IN	Zip Code 46260-1534	Transaction ID : PR436829721796									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occi Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	P/R Deduction (\$85.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)			190.00									
Т	OTAL This Period (last page this line number	only)	••••••										

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Mide A. Ashmore, Elizabeth, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 6102 82nd St, Bldg #6			M M / D D / Y Y Y Y 12 31 2019							
City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830321796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2140.00	P/R Deduction (\$170.00 Monthly)							
Full Name of Individual (Last, First, Mide Grundman, Robert, A., ,	dle Initial) or Full C	Date of Receipt								
Mailing Address 7412 Karl Drive	State	Zip Code	12 / D D / Y Y Y Y 12 31 2019							
City Lincoln	NE	68516-4368	Transaction ID : PR436838921796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Senior Benefit Strategies	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Mide C. Cociu, Dorothy, M., ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address P.O. Box 6677			12 31 / Y Y Y Y Y 2019							
City Fullerton	State CA	Zip Code 92834-6677	Transaction ID : PR436844621796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		Memo Item							
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occ Brok	upation (for Individual) ker								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1095.00	P/R Deduction (\$85.00 Monthly)							
SUBTOTAL of Receipts This Page (option	al)		305.00							
TOTAL This Period (last page this line nu	mber only)									

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Detailed Summary Page

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			Use separate schedule(s)	(che	(check only one)								
	D RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17			
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	COMMITTEE (In Full) Underwriters Political A	Action Com	mittee										
	of Individual (Last, First, Middle Keith, L., ,	Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Ad	dress 401 W Front St Ste 4				^M ^M 12	/	D D D 31	/ Y	2019	Y			
City Traverse (City	State MI	Zip Code 49684-2259						48521796 nis Period				
	umber of contributing litical committee.	C						-	42.	00			
Wright Insu	Employer (for Individual) urance Group	Occu Brok	upation (for Individual) er		Me	emo	Item						
Receipt Fo		Aggregate	Year-to-Date ▼ 504.00	P.	/R Dedu	uctic	on (\$42.0	00 Monti	hly)				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bean, Darrald, T., ,						ceipt						
Mailing Ad	dress 3922 Rampart ST				12 31 2019								
City		State		Transaction ID : PR436853321796									
Boise		ID	/	Amount of Each Receipt this Period									
	umber of contributing litical committee.	С			30.00								
Name of E Bean Insur	Employer (for Individual) ance	Occu Brol	upation (for Individual) ker		Me	emo	Item						
Receipt Fo		Aggregate	Year-to-Date ▼ 360.00	P/	P/R Deduction (\$30.00 Monthly)								
	of Individual (Last, First, Middle g, C. Louanne, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Ad	dress 1806 Patton Drive				12 31 2019								
City		State TX	Zip Code						56921796				
	umber of contributing	C	75042-8205	/	Amount	of	Each Re	eceipt th	nis Period 30.0	_			
federal pol	litical committee.	U				-	9	9					
	Employer (for Individual) surance Services	upation (for Individual) er		Memo Item									
Receipt Fo		Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL	of Receipts This Page (optional).						, . , .	,	102.0	00			
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Detailed Summary Page	

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
Any information copied from such Reports and or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee										
Full Name of Individual (Last, First, Middle Ir Freeman, Michael, J., ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2333 Camino Del Rio South Suite 200			12 31 2019									
City San Diego	State CA	Zip Code 92108-3600	Transaction ID : PR436861821796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occi Age	upation (for Individual) nt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Middle Ir Hesseltine, Caroline, , ,		rganization Name	Date of Receipt									
Mailing Address 7272 Wurzbach Road, Suite		Zin Oode	12 / D D / Y Y Y Y Y 12 31 2019									
City San Antonio	State TX	Zip Code 78240-4802	Transaction ID : PR436864921796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) ABC / Associated Benefit Consultants,	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)									
Full Name of Individual (Last, First, Middle Ir . Mobley, Sandra, V., ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 137 Executive Dr. Suite D			12 / D D / Y Y Y Y 31 2019									
City Madison	State MS	Zip Code 39110-8456	Transaction ID : PR436869321796 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Mobley Insurance Agency LLC	Occu Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)									
SUBTOTAL of Receipts This Page (optional)			100.00									

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

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				Detailed Summary Page	×	11a		11		-	11c	12		
	y information copied from such Reports and State for commercial purposes, other than using the na								se of s	sol				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio													
A.	Full Name of Individual (Last, First, Middle Initial) Wilson, Paula, L., , Mailing Address 31930 Daniel Way	or Full O	rgar	nization Name		Date of	Re /		ipt		/ Y	YY	Y	
	City Temecula	State CA		Zip Code 92591-2129				-				2019 3521796 s Period		
	FEC ID number of contributing federal political committee.	С						1				85.0)0	
	Name of Employer (for Individual) Paula Wilson, Inc.	Occi Brol	•	ion (for Individual)	Memo Item									
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 1020.00	P	'R Ded	uctio	on	(\$85.0	00	Month	ly)		
B.	Full Name of Individual (Last, First, Middle Initial) Trahin, Cindy, K., ,	or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 7127 Homestead Road Suite B City	State	12 / D D / Y Y Y Y 12 31 2019											
	Fort Wayne	IN		Zip Code 46814-4601	Transaction ID : PR436875621796 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Trahin Insurance Services LLC	Occupation (for Individual) Broker						o Ite	em					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 360.00	P/	R Dedi	uctic	on ((\$30.0	00	Monthl	y)		
C.	Full Name of Individual (Last, First, Middle Initial) Johnston, David, N, ,	or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 1440 Beaumont Avenue					^M 12	/	L	31		/ Y	2019 ^Y	Y	
	City Cherry Valley	State CA		Zip Code 92223-6820	-							1521796 s Period		
	FEC ID number of contributing federal political committee.	С				_		9			y	17.0	00	
	Name of Employer (for Individual) The Benefits Consultancy	Occi Brok	ion (for Individual)		M	emo	o Ite	em						
	Receipt For: A Primary General Other (specify)	ggregate	P/R Deduction (\$17.00 Monthly)											
s	UBTOTAL of Receipts This Page (optional)							,			,	132.0	0	
т	OTAL This Period (last page this line number only	/)						-		l	-9			

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177			Use separate schedule(s)	(check	(check only one)									
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for					citing					
	NAME OF COMMITTEE (In Full)				011	uno	010115	nom	SUCI	COMM	mee.			
\rangle	Health Underwriters Political Ac	ction Com	mittee											
A.	Full Name of Individual (Last, First, Middle In Stuart, Rodney, , ,	itial) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 484 E Carmel Dr Suite 358			IV	12 ^M	/	D 31		Y	ү ү 2019	Y			
	City Carmel	State IN	Zip Code 46032-2812							332179 is Perio				
	FEC ID number of contributing federal political committee.	С			_		,		,	50	0.00			
	Name of Employer (for Individual) Strategic Insurance Inc.	Occu Brok	ipation (for Individual) er		Me	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Monthly)										
в.	Full Name of Individual (Last, First, Middle In Adams, David, , ,	itial) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 1265 Minhinette Drive Suite 150						12 31 / Y Y Y Y Y Y							
	City Roswell	State GA	Zip Code 30075-3656		Transaction ID : PR436891521796 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer (for Individual) Purchasing Alliance Solutions, Inc.	Occu Brol	upation (for Individual) ker		Me	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R	Dedu	ctio	on (\$20).00 N	lonth	ly)				
с.	Full Name of Individual (Last, First, Middle In Spragins, Jackie, L., ,	itial) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address P O Box 2073	IV	12 31 2019											
	City Wichita Falls	State TX	Zip Code 76307-2073							532179 is Perio				
	FEC ID number of contributing federal political committee.	С		_		9		<u>y</u>	50	0.00				
	Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura	v Insura Occupation (for Individual) Producer												
	Receipt For: Primary General Other (specify)	Aggregate	P/R	Dedu	ictic	on (\$50	0.00 N	/lonth	nly)					

SCHEDULE A (FEC Form 3X) -

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1 ¹								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle A. Janway, Leah-Anne, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2225 SW 96			12 31 2019								
City Oklahoma City	State OK	Zip Code 73159-6861	Transaction ID : PR436901521796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Self	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle Morrow, Todd , , , Mailing Address 453 CLEAR WATER TRA	-	rganization Name	Date of Receipt								
City	12 31 2019										
HOLLY LAKE RANCH	State TX	Zip Code 75765-7313	Transaction ID : PR436903721796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Kilpatrick Companies LLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General										
Full Name of Individual (Last, First, Middle C. Booth, Tonya, S., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 275 W. Campbell Road Suite 215 - LB 16			12 / D D / Y Y Y Y Y 12 31 2019								
City Richardson	State TX	Zip Code 75080-8001	Transaction ID : PR436911021796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual) Upshaw Insurance Agency	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1374.00	P/R Deduction (\$100.00 Monthly)								
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	·		172.00								

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11	-	11c	12					
	y information copied from such Reports and S for commercial purposes, other than using the							se of a							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Init Gilbert, Debra, E., ,	Date of Receipt													
	Mailing Address 2331 Mustang Drive Suite 200 City	State	Zip Code	12 31 2019 Transaction ID : PR436911121796											
	Grapevine	ТХ	76051-1014	A						nis Period					
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) sident		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$50.00 Monthly)													
В.	Full Name of Individual (Last, First, Middle Init Shaffer, Annette, , ,	Individual (Last, First, Middle Initial) or Full Organization Name													
	Mailing Address 418 South Main Street			Date of Receipt 12 31 2019											
	City Findlay	State OH	Zip Code 45840-3273		Transaction ID : PR436917221796 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-			30.	00				
	Name of Employer (for Individual) Group Benefit Consultants	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/	R Dedi	uctic	on ((\$30.0	0 Month	nly)					
с.	Full Name of Individual (Last, First, Middle Init Kaczmarek, Lawrence, , ,	tial) or Full O	rganization Name		Date of	Re	ecei	ipt							
	Mailing Address 145 N. Chestnut St., Ste. 202			12 31 2019											
	City Ravenna	State OH	Zip Code 44266-4009							23421796					
	FEC ID number of contributing federal political committee.	С			anount	. 01	La			iis Period 31.	00				
	Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brok	upation (for Individual) ker		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 372.00	P/	R Ded	uctio	on	(\$31.0	00 Mont	hly)					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid Cason, Louie, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 11229			12 31 / Y Y Y Y 12 31 2019								
City Columbia	State SC	Zip Code 29211-1229	Transaction ID : PR436934821796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) The Cason Group, Inc.											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, Mid Stenger, James, R., , Mailing Address 8926 Crown Colony Boo		rganization Name	Date of Receipt								
City	State	Zip Code	12 31 2019								
Fort Myers	FL	33908-5627	Transaction ID : PR436939921796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) MVS Consulting	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Mid Seifert, Gregory, J., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P.O. Box 189 916 Main Street City	State	Zip Code	12 / D D / Y Y Y Y 12 31 2019 Transaction ID : PR436941621796								
Vancouver	WA	98666-0189	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins Receipt For:	Brok		Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1220.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (option	' nal)		255.00								
TOTAL This Period (last page this line nu	mber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×			11b		11c		12	·			
	y information copied from such Reports and St for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)		auro	see of any pointour committee	.0 00			3.0113								
\rangle	Health Underwriters Political Act															
A.	Full Name of Individual (Last, First, Middle Initi Woods, John, T., ,	al) or Full O	rgar	nization Name	Date of Receipt											
	Mailing Address 9400 East Market Street					12 31 2019										
	City	State		Zip Code	Transaction ID : PR436950021796											
	Warren	OH	44484-5514	/	Amount	of	Each	Red	ceipt thi	is P	eriod					
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occi Broł	•	ion (for Individual)		Me	emo	Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼	P/R Deduction (\$30.00 Monthly)														
В.	Full Name of Individual (Last, First, Middle Initi Holland, Robert, V., ,	Date of Receipt														
	Mailing Address PO Box 698				12 / 12 / 2019											
	City	State		Zip Code		Trans	acti	on ID	P	R43696	172	1796				
	Centralia	WA	98531-0698	A	Amount	of	Each	Red	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.											63.0	0			
	Name of Employer (for Individual) Centralia General Agencies	upa ker	ion (for Individual)	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	R Dedu	uctio	on (\$63	8.00) Month	ly)							
с.	Full Name of Individual (Last, First, Middle Initi Schneider, John, E, ,	al) or Full O	rgar	nization Name		Date of	Re	ceipt								
	Mailing Address 4701 Trousdale Dr. Ste 202					^M 12	/	3		/ Y		19 [°]	Ŷ			
	City	State		Zip Code		Trans	acti	ion ID	: P	R43696	6352	21796				
	Nashville	TN		37220-1386	/	Amount	of	Each	Red	ceipt thi	is P	eriod				
	FEC ID number of contributing federal political committee.	С			30.00								0			
	Name of Employer (for Individual) Colonial Life	Occi Brok	•	ion (for Individual)		M	emo	Item								
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00						on (\$3)	0.0) Month	nly)					
	UBTOTAL of Receipts This Page (optional)							y .		5	_	123.0	0			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 146 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(cł	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Parker, John, C., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 38 Hope St Unit 1312	1-			12 31 / Y Y Y Y 2019							
	City Niantic	State CT	Zip Code 06357-2454		Transaction ID : PR436986821796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					-		100.	00		
	Name of Employer (for Individual) Parker Agency	Occu Brok	upation (for Individual) ker		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1275.00		P/R Ded	ucti	on (\$10	00.00 Mo	nthly)			
B.	Full Name of Individual (Last, First, Middle Initia Splawn, William, Craig, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 800 Avenue C				M M 12	1	D 31		2019	Y		
	City Katy	State TX	Zip Code 77493-2302				-		92821796 his Period			
	FEC ID number of contributing federal political committee.				. 01			50.	00			
	Name of Employer (for Individual) Splawn & Associates	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)								
c.	Full Name of Individual (Last, First, Middle Initia Phillips, Paige, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1434 Hwy 301	1			^M 12	1	D 31		2019	Y		
	City Calera	State AL	Zip Code 35040-5466						93021796 his Period	;		
	FEC ID number of contributing federal political committee.	С					9	. ,	100.	00		
	Name of Employer (for Individual) Self	Occu Brok	upation (for Individual) er		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	1	P/R Ded	ucti	on (\$1(00.00 Mo	nthly)				
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SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 147 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mic A. Fristoe, Kelly, Don, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 4789			M M / D D / Y Y Y Y 12 31 2019								
City Wichita Falls	State TX	Zip Code 76308-0789	Transaction ID : PR437002321796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Financial Partners	Occi Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1170.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Mic B. Thorn, Ryan, P., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10342 South Springcre	st Lane		12 31 2019								
City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004021796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 580.00	P/R Deduction (\$40.00 Monthly)								
Full Name of Individual (Last, First, Mic Buie, Scott, T., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4525 S 2300 E Ste 201			12 / D D / Y Y Y Y 31 2019								
City Salt Lake City	State UT	Zip Code 84117-4639	Transaction ID : PR437010521796 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Buie Insurance Services	Occu Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)								
SUBTOTAL of Receipts This Page (optio	nal)		120.00								
TOTAL This Period (last page this line nu	umber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		111	o 🗌	11c	12					
Any information copied from such Rep														
or for commercial purposes, other than	n using the name and a	ddress of any political committee	e to sol	icit cor	ntrib	outio	ns fro	om such	ו committ	ee.				
NAME OF COMMITTEE (In Full)		•												
Health Underwriters Police	tical Action Com	Imittee												
Full Name of Individual (Last, First, Gray, Michael, D., ,	Middle Initial) or Full C	organization Name		Date of Receipt										
Mailing Address 233 South 13th Str	eet, Suite 1650			M M / D D / Y Y Y Y 12 31 2019										
City	State	Zip Code		Trans	acti	ion	ID : F	R43701	16721796					
Lincoln	NE	68508-2036	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer (for Individual) The Harry A. Koch Co	Occ Bro	upation (for Individual) ker		Me	emo) Ite	m							
Receipt For:		Year-to-Date ▼												
Primary General	Aggregate		P/	R Ded	uctio	on (\$100.	00 Mon	thly)					
Other (specify) v		1600.00				``			<i>,</i>					
Full Name of Individual (Last, First, 3. Duhon, Keith, M., ,	Middle Initial) or Full C	Prganization Name		ate of	Re	eceir	ot							
Mailing Address PO Box 80158			^M M 12	1	D	31	/ Y	2019	Ŷ					
City	State	Zip Code	7.1	Trans	acti	ion	ID : P	R43701	7121796					
Lafayette	LA	70598-0158				-			is Period					
FEC ID number of contributing federal political committee.	С	C						- 4	30.	00				
Name of Employer (for Individual) The Family Insurance Center, Inc.								Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 360.00						P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, C. Kaczmarek, T. Darlene, ,		Prganization Name		Date of	Re	eceir	ot							
Mailing Address 145 N. Chestnut St				^M ^M 12	/	D	31	/ Y	ү 2019	Y				
City	State	Zip Code		Trans	acti	ion	ID : F	PR43702	26321796					
Ravenna	ОН	44266-4009	A	mount	of	Eac	ch Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C		31.00											
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Ind		upation (for Individual) ker		Me	emo	o Ite	em							
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$31.00 Monthly)											
Other (specify)		372.00												
SUBTOTAL of Receipts This Page (c	ptional)	•	. [,		9	161.0	00				
TOTAL This Period (last page this lin	e number only)					-		-						

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(cł	(check only one)							
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>		
	y information copied from such Reports and Si for commercial purposes, other than using the											
<u>.</u>	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Blizman, Donna, J., ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1939 Racimo Dr				^M 12	1	D 31		2019	Y		
	City Sarasota	State FL	Zip Code 34240-9426						31521796 nis Period			
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Employee Benefits Marketing Group	Occu Brok	upation (for Individual) ker		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00		P/R Ded	ucti	on (\$30	0.00 Mont	hly)			
в.	Full Name of Individual (Last, First, Middle Init Webb, Amy, R., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 7 E. Main Street Suite 200				M M 12	/	31		2019	Y		
	City Moorestown	State NJ	Zip Code 08057-3339						33521796 his Period			
	FEC ID number of contributing federal political committee.	C						J. J	50.0	00		
	Name of Employer (for Individual) Saratoga Benefit Services, LLC.	Occi Bro	upation (for Individual) ker		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00]	P/R Dedu	uctio	on (\$50	.00 Mont	hly)			
C.	Full Name of Individual (Last, First, Middle Init Moore, Wesley, P., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address P O Box 604	1			12 ^M	1	D 31		2019 [°]	Y		
	City Darlington	State SC	Zip Code 29540-0604						39421796 nis Period			
	FEC ID number of contributing federal political committee.	С					y	. ,	30.0	00		
	Name of Employer (for Individual) Moore Insurance Agency, LLC	Occu Brok	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate]	P/R Ded	ucti	on (\$30).00 Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	110.0)0		
т	OTAL This Period (last page this line number of	only)		•	<u> </u>							

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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PAGE 150 OF

			Detailed Summary Page	×	11a		11	b	11c	12				
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	y information copied from such Reports and State for commercial purposes, other than using the na													
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio													
A.	Full Name of Individual (Last, First, Middle Initial) Hayes, Leesa, Kay, ,	or Full O	Date of Receipt											
	Mailing Address 812 Lyndon Lane Suite 101	Chata	Zin Oode		12 / D D / Y Y Y Y 12 / 31 / 2019									
	City Louisville	State KY	Zip Code 40222-3844	Transaction ID : PR437043321796										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occu Brok	upation (for Individual) ser	Memo Item										
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/	R Ded	uctio	on ((\$30.0	0 Mont	hly)				
В.	Full Name of Individual (Last, First, Middle Initial) Ellingson, Susan, Katherine, ,	or Full O	rganization Name		Date of	Re	ecei	pt						
	Mailing Address 4100 Victoria St				12 / 31 / 2019 Transaction ID : PR437048721796									
	City Minnetonka	State MN	Zip Code 55345-1963	A						4872179 his Perio				
	FEC ID number of contributing federal political committee.				,		-	30	0.00					
	Name of Employer (for Individual) Above & Beyond Benefits	Occupation (for Individual) Broker						Memo Item						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$30.00 Monthly)											
C.	Full Name of Individual (Last, First, Middle Initial) Olson, Terri, M., ,	or Full O	rganization Name		Date of	Re	cei	pt						
	Mailing Address P. O. Box 21479				12 ^M	/	L	31	/ Y	2019	_			
	City Keizer	State OR	Zip Code 97307-1479	A						07022179 his Perio				
	FEC ID number of contributing federal political committee.	С				_	y		9	65	5.00			
	Name of Employer (for Individual) Olson Insurance	Occu Brok	upation (for Individual) er		Me	emo	o Ite	em						
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1080.00	P/	R Ded	uctio	on	(\$65.0	0 Mont	:hly)				
s	UBTOTAL of Receipts This Page (optional)									125	5.00			
Т	OTAL This Period (last page this line number only	y)	·····				-		-		-			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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for each category of the	` `	- ´
Detailed Summary Page	X 11a	11

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	imittee								
Full Name of Individual (Last, First, Middle A. Alberts, Suzetta, E., ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 26555 Evergreen Drive <u>Ste 535</u> City	State	Zip Code	12 / 31 / 2019 Transaction ID : PR437076121796							
Southfield	MI	48076-4213	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.00							
Name of Employer (for Individual) Comprehensive Benefits	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1133.00	P/R Deduction (\$84.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Smith, Kevin, W., ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 2000 RiverEdge Parkway Suite 1010			12 31 / Y Y Y Y 12 31 2019							
City Sandy Springs	State GA	Zip Code 30328-4657	Transaction ID : PR437077221796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) KSA Insurance Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle C. Lopez, Juan, R., ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 22431 Antonio Pkwy Suite B160-420			12 / D D / Y Y Y Y 12 31 2019							
City Rancho Santa Margarita	State CA	Zip Code 92688-2804	Transaction ID : PR437079021796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Self		upation (for Individual) sultant	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)							
SUBTOTAL of Receipts This Page (optional))		199.00							
TOTAL This Period (last page this line numb	per only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 152 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
I LIVILLU REGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mic A. Douglas, Paul, L., ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 100 Independence Place	ce, Suite S-21		M M / D D / Y Y Y Y 12 31 2019
City Tyler	State TX	Zip Code 75703-1310	Transaction ID : PR437080221796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Douglas & Associates Insurance	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mic Koehler, Linda Rose, , ,	Date of Receipt		
Mailing Address 2 Treeble Ct			12 D D / Y Y Y Y 12 31 2019
City Greensboro	State NC	Zip Code 27406-5375	Transaction ID : PR437090121796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Self	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mic C. Roiz, Mario, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10446 NW 31st Terrac			12 / D D / Y Y Y Y 12 31 2019
City Doral	State FL	Zip Code 33172-1200	Transaction ID : PR437104921796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) HR Benefit Services, Inc.	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)
SUBTOTAL of Receipts This Page (optio	nal)		102.00
TOTAL This Period (last page this line ne	umber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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L.	EMIZED RECEIPTS		Use separate schedule(s)	(check onl	y one)							
			for each category of the Detailed Summary Page	× 11a	11b	11c	12					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements mag ame and ac	y not be sold or used by any p Idress of any political committer	erson for the to solicit co	urpose of purpose of ntributions fr	15 soliciting om such	contribut	17 ions ee.				
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comi	nittee									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Stephens, James, R., ,	l) or Full Or	ganization Name	Date o	f Receipt							
	Mailing Address 100 Mansell Ct East Suite 400			12 31 2019								
	City Roswell	State GA	Zip Code 30076-4859		saction ID : I t of Each Re							
	FEC ID number of contributing federal political committee.	С				-	30.0	00				
	Name of Employer (for Individual) Humana	Occu Brok	pation (for Individual) er	М	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 360.00	P/R Ded	luction (\$30.0	00 Month	nly)					
В.	Full Name of Individual (Last, First, Middle Initia Garner, G. Russell, , , Mailing Address 1308 Murraywood Drive	l) or Full Or	ganization Name	Date o	f Receipt	1	• Y • Y •	v				
	City	State	Zip Code	12	31 action ID : I	L	2019	T				
	Columbia	SC	29212-1159		t of Each Re							
	FEC ID number of contributing federal political committee.		30.0									
	Name of Employer (for Individual) G. Russell Garner LLC	Occu Brok	pation (for Individual) er	M	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 360.00	P/R Ded	ly)							
с.	Full Name of Individual (Last, First, Middle Initia MCEVILLY, BRIAN, J., ,	l) or Full Or	ganization Name	Date o	f Receipt							
	Mailing Address 7260 West Azure Drive #140-201 City	State	Zip Code	12	31		2019	Y				
	Las Vegas	NV	89130-7999		t of Each Re							
	FEC ID number of contributing federal political committee.	С		50.								
	Name of Employer (for Individual) McEvilly Benefits	Occu Broke	pation (for Individual) er	M	emo Item							
	Receipt For: Primary General Other (specify)	Aggregate `	rear-to-Date ▼ 810.00	P/R Dec	luction (\$50.	00 Month	nly)					
	UBTOTAL of Receipts This Page (optional)				· · ·		110.0	0				

SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)										
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Ar	y information copied from such Reports and S	tatements ma	A not be sold or used by any p	berson f	13 for the	pur	pose of	15 soliciting	16 contribut	17 ions					
or	for commercial purposes, other than using the	name and a	address of any political committe	e to so	licit cor	ntrib	outions	from such	n committ	90.					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee												
A.	Roberts, Joseph, K., ,	• • •					Date of Receipt								
	Mailing Address 1128 Lincoln Mall Suite 200				^M 12	1	D 31		2019	Y					
	City Lincoln	State NE	Zip Code 68508-2878						18021796 iis Period						
	FEC ID number of contributing federal political committee.	С						-	170.0	00					
	Name of Employer (for Individual) UNICO	Occi Broł	upation (for Individual) ker		Me	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	Aggregate] P	/R Ded	ucti	on (\$17	0.00 Mon	thly)							
в.	Full Name of Individual (Last, First, Middle Ini Wilson, Thomas, R., ,	tial) or Full O	organization Name	[Date of	Re	eceipt								
	Mailing Address 701 Lamar					1	D 31		2019	Y					
	City Wichita Falls	State TX	Zip Code 76301-6824	-					19021796 iis Period						
	FEC ID number of contributing federal political committee.								50.0	00					
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occ Bro	upation (for Individual) ker		Me	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3080.00	P /	P/R Deduction (\$50.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Ini Benton, Bruce, D., ,	tial) or Full O	Organization Name		Date of	Re	eceipt								
	Mailing Address 17200 Ventura Blvd Suite 312 City	State	Zip Code		12 T rans	/	31		2019	Ŷ					
	Encino	CA	91316-5018						23021796 iis Period						
	FEC ID number of contributing federal political committee.	С					y .	9	85.0	00					
	Name of Employer (for Individual) Genesis Financial & Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	P.	/R Ded	ucti	on (\$85	5.00 Montl	hly)							
s	UBTOTAL of Receipts This Page (optional)						,	. ,	305.0	00					
Т	OTAL This Period (last page this line number	only)													

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Po	itical Action Com	mittee	
Full Name of Individual (Last, First Antongiovanni, Joanna, , ,	, Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 2929 Allen Parkwa Suite 2500	iy		12 31 Y Y Y Y Y 12 31 2019
City Houston	State TX	Zip Code 77019-2178	Transaction ID : PR437128021796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Marsh Wortham	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First B. Friedrich, Linda, K., ,	, Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 1128 Lincoln Mall Suite 200		The Oak	12 / D D / Y Y Y Y 2019
City Lincoln	State	Zip Code 68508-2878	Transaction ID : PR437129121796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) UNICO Group, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First	, Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 32110 Agoura Ro	1		12 / D D / Y Y Y Y Y 12 31 2019
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : PR437137821796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Warner Pacific Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (ptional)		▶ 110.00
TOTAL This Period (last page this li	ne number only)		•

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middl Walsh, Timothy, P., ,	e Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 701 Oyster Catcher Drive								
City Hampstead	State NC	Zip Code 28443-8340	Transaction ID : PR437149421796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Advanced Insurance Systems	Occi Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Middl 3. Hebert, Laura, L., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5151 Flynn Pkwy Suite 403			12 / D D / Y Y Y Y 12 31 2019						
City Corpus Christi	State TX	Zip Code 78411-4372	Transaction ID : PR437154821796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Hebert Insurance Group	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Middl C. Allard, Terry, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3000 A Street, Suite 400			12 / D D / Y Y Y Y 31 2019						
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437182321796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) The Wilson Agency, LLC	Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3100.00	P/R Deduction (\$250.00 Monthly)						
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	, 		322.00						

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(chec	(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Murray, Neal, , ,	al) or Full O	rganization Name	Da	ate o	f Re	eceipt						
	Mailing Address 1314 East Atlantic Boulevard						D 3		/ Y		19	Ŷ	
	City Pompano Beach	State FL	Zip Code 33060-6745				ion ID Each						
	FEC ID number of contributing federal political committee.	С					-y		-9		30.00	0	
	Name of Employer (for Individual) Frank H. Furman, Inc	Occupation (for Individual) Broker					b Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/F	R Ded	lucti	on (\$3	0.00	Montl	hly)			
в.	Full Name of Individual (Last, First, Middle Initi Ducote, Dale, , ,	al) or Full O	rganization Name	Da	ate o	f Re	eceipt						
	Mailing Address 235 Highlandia Drive Suite 100					12 / D D / Y Y Y Y 12 31 2019						ſ	
	City Baton Rouge	State Zip Code LA 70810-6056					Transaction ID : PR437184621796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C									42.00	0	
	Name of Employer (for Individual) Health Plus Consulting Services	Occi Brol	upation (for Individual) ker	ividual) Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)									
с.	Full Name of Individual (Last, First, Middle Initi Thau, Claude, , ,	al) or Full O	rganization Name	Da	ate o	f Re	eceipt						
	Mailing Address 5311 W 124th Ct		4 6	12	J.	- 10 M	1		20	1. Alt 1.	Y		
CityStateZip CodeOverland ParkKS66209-3245					i on ID Each								
	FEC ID number of contributing federal political committee.	per of contributing					y		y		200.00	0	
	Name of Employer (for Individual) Target Insurance Services	Occu Brok	upation (for Individual) er		Μ	lem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00				ducti	on (\$5	50.00	Mont	hly)			
s	UBTOTAL of Receipts This Page (optional)			ſ							272.00)	
	OTAL This Period (last page this line number o			Ē			, , , , , , , , , , , , , , , , , , ,		7				

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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17			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 14 15 16 10 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Debler, Johnnie, O., ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 1102 E. Laurel St.			12 31 2019							
	City Rockport	State TX	Zip Code 78382-2815	Transaction ID : PR437196421796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) GSM Insurors Group	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Initia Bunkers, Scott, R., ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 2211 Lee Road, Suite 100	12 31 2019									
	City Winter Park	State FL	Zip Code 32789-1849	Transaction ID : PR437196721796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Occu Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initia Braden, Victoria, J., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 3875 Johns Creek Parkway, Su	12 / D D / Y Y Y Y Y 12 31 2019									
	City Suwanee	State GA	Zip Code 30024-1294	Transaction ID : PR437201921796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		150.00								
	Name of Employer (for Individual) Braden Benefit Strategies, Inc	Occu Brok	upation (for Individual) xer	Memo Item							
	Receipt For: Primary General Other (specify)	rimary General									
s	UBTOTAL of Receipts This Page (optional)		•	210.00							
т	OTAL This Period (last page this line number or	nly)		·							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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171			Use separate schedule(s)	(check only one)							
111			for each category of the Detailed Summary Page	× 11a	11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Nace, Joshua, D., ,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 100 W. Harrison Street, Suite S	440		M M 12	/ D D 31	/ Y	2019	Y			
	City Seattle	State WA	Zip Code 98119-4116		saction ID : F						
	FEC ID number of contributing federal political committee.	С					30.0	0			
	Name of Employer (for Individual) Dental Health Services	М	emo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Ded	luction (\$30.0	00 Month	nly)				
	Full Name of Individual (Last, First, Middle Initia Bundy-Cobb, Jennifer, , ,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 3000 A Street, Suite 400	12 31 / Y Y Y Y 12 31 2019									
	City Anchorage	State Zip Code AK 99503-4040			Transaction ID : PR437204421796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) The Wilson Agency, LLC	upation (for Individual) ker	М	emo Item							
	Receipt For: Primary General Other (specify) ▼	ary General Aggregate Year-to-Date ▼									
	Full Name of Individual (Last, First, Middle Initia Garbina, James, S., ,	al) or Full O	rganization Name	Date o	f Receipt						
	Mailing Address 14010 FNB Pkwy Ste 300			M M 12	31		2019	Y			
	City Omaha	State NE	Zip Code 68154-5235		saction ID : I t of Each Re						
	FEC ID number of contributing federal political committee.	C			,	,	85.0	0			
	Name of Employer (for Individual) The Harry A. Koch Co	Occu Brok	upation (for Individual) er	M	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Dec	luction (\$85.0	00 Month	nly)				
s	UBTOTAL of Receipts This Page (optional)						200.0	0			
т	OTAL This Period (last page this line number o	nly)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl Cooper, Catherine, L., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 39500 High Pointe Blvd.,	Suite 400		12 31 2019							
City Novi	State MI	Zip Code 48375-5517	Transaction ID : PR437218321796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		112.00							
Name of Employer (for Individual) Health Alliance Administrators	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1965.00	P/R Deduction (\$112.00 Monthly)							
B. Daubert, Jim, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Daubert, Jim, , ,									
Mailing Address P.O. Box 67220	12 / D D / Y Y Y Y 12 31 2019									
City Lincoln	State NE	Zip Code 68506-7220	Transaction ID : PR437219621796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Daubert and Butler Associates	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Middl C. Musser, Rita, A., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3330 Thames Drive			12 31 2019							
City Fort Wayne	State IN	Zip Code 46815-5994	Transaction ID : PR437229121796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Senior Insurance Solutions	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num			227.00							

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ГТЕ	MIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)						
			for each category of the Detailed Summary Page	×	11a		11b		11c	12	
	information copied from such Reports and Si or commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
	Full Name of Individual (Last, First, Middle Init Gardner, Joy, K., ,	ial) or Full O	ganization Name		Date of	f Re	eceipt				
-	Jailing Address 9424 Double R Blvd				^M 12	/	3		/ Y	ү ү 2019	Y
	City Reno	State NV	Zip Code 89521-5977							3122179 is Period	
	EC ID number of contributing ederal political committee.	С					-g-		-9	47	.00
(Name of Employer (for Individual)Occupation (for Individual)Comstock Insurance Agencies, Inc.Broker					emo	b Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 714.00] P	/R Ded	ucti	on (\$4	7.00	Month	nly)	
	Full Name of Individual (Last, First, Middle Init Rowe, Peter, L., ,	ial) or Full O	ganization Name		Date of	f Re	eceipt				
-	Mailing Address 3033 N. Central Ave Suite 810 City State Zip Code					12 / D D / Y Y Y Y 12 31 2019					
	Phoenix	AZ	85012-2804				-			692179	-
F	EC ID number of contributing ederal political committee.	C				Amount of Each Receipt this Period					
	Name of Employer (for Individual)Occupation (for Individual)Arcwood Benefits Consulting, Inc.Broker					emo	b Item				
Ē	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2341.00						on (\$1	70.00	0 Mon	thly)	
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barton-Lewis, Diane, L., ,					f Re	eceipt				
_	Mailing Address Arthur J Gallagher & Co 615 E. Britton Road						a second	51		2019	_
	City Oklahoma City	State OK	Zip Code 73114-7710	/						5412179 is Period	
	EC ID number of contributing ederal political committee.	C					,		9	30	.00
(Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occupation (for Individual) Broker				emo	o Item				
ł	Receipt For: Primary General Other (specify)	Aggregate	P	/R Ded	lucti	on (\$3	30.00	Month	nly)		
				_	_		-	_	-		_

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PAGE 162 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page							
Any information copied from suc or for commercial purposes, other	h Reports and Statements ma er than using the name and ar	y not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In F Health Underwriters	Political Action Com	mittee							
Full Name of Individual (Last, Merken, Monte, A., ,	, First, Middle Initial) or Full Or	rganization Name	Date of Receipt						
Mailing Address 24577 Indiar	ı Hill Lane		12 31 / Y Y Y Y Y 12 31 2019						
City West Hills	State CA	Zip Code 91307-3829	Transaction ID : PR437256121796 Amount of Each Receipt this Period						
FEC ID number of contributin federal political committee.	C		30.00						
Name of Employer (for Individ Merken Insurance, Petersen Ir	,	upation (for Individual) er	Memo Item						
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 340.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, B. McLane, Mark, A., ,	, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3301 Veterar		12 / D D / Y Y Y Y 12 31 2019							
City Traverse City	State MI	Zip Code 49684-4575	Transaction ID : PR437258321796						
FEC ID number of contributin federal political committee.			Amount of Each Receipt this Period						
Name of Employer (for Indivi- Mark McLane Insurance	dual) Occu Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, Powers-Booth, Sand i	, First, Middle Initial) or Full Or ra, Lee, ,	rganization Name	Date of Receipt						
Mailing Address 4817 S. 175			12 31 Y Y Y Y Y 12 31 2019						
City Seatac	State WA	Zip Code 98188-3710	Transaction ID : PR437264321796 Amount of Each Receipt this Period						
FEC ID number of contributin federal political committee.	g C		42.00						
Name of Employer (for Individ Health Benefits Northwest	dual) Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary Gener Other (specify)		Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
SUBTOTAL of Receipts This P	age (optional)	······]	102.00						
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177			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
				person for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee							
Α.	Full Name of Individual (Last, First, Middle In Hardy, Allen, D., ,	iitial) or Full O	ganization Name	Date of Receipt						
	Mailing Address 802 Kosciusko Road P.O. Box 89			12 / D D / Y Y Y Y 12 31 2019						
	City Philadelphia	State MS	Zip Code 39350-3555	Transaction ID : PR437264921796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual)Occupation (for Individual)Philadelphia Security InsuranceBroker			Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
	Full Name of Individual (Last, First, Middle In Harte, Heather, Roberts, ,	Date of Receipt								
	Mailing Address 11365 Avant Lane	12 / D D / Y Y Y Y 12 31 2019								
	City Cincinnati	State OH	Zip Code 45249-2373	Transaction ID : PR437268321796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) HSA Bank	Occu Brok	upation (for Individual) ter	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00	P/R Deduction (\$30.00 Monthly)						
	Full Name of Individual (Last, First, Middle In Toups, Jennifer, L., ,	Date of Receipt								
	Mailing Address #1 Galleria Blvd, Suite 1122	12 / D D / Y Y Y Y 12 31 2019								
	City Metairie	State LA	Zip Code 70001-2092	Transaction ID : PR437270521796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	85.00							
	Name of Employer (for Individual) Humana	Occu Brok	pation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)						

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee					
Full Name of Individual (Last, First, Mid A. Hissong, James, H., ,	dle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 8401 Widmer Rd			12 / D D / Y Y Y Y 12 31 2019				
City Lenexa	State KS	Zip Code 66215-5416	Transaction ID : PR437274721796 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Self	Occ Age	upation (for Individual) ent	Memo Item				
Receipt For: Primary General Other (specify) ▼	t For: Aggregate Year-to-Date ▼ Primary General						
Full Name of Individual (Last, First, Mid B. Summers, James, F., ,	Date of Receipt						
Mailing Address 8420 West Dodge Road							
City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281021796 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		125.00				
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$125.00 Monthly)				
Full Name of Individual (Last, First, Mid C. Grossnickle, Jeffrey, R., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Grossnickle, Jeffrey, R., ,						
Mailing Address 1405 North College Ave	Mailing Address 1405 North College Avenue						
City Bloomington	State IN	Zip Code 47404-2417	Transaction ID : PR437294721796 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) First Insurance Group Inc.	Occ Age	upation (for Individual) nt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)				
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	IZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for o	commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
\ \	ME OF COMMITTEE (In Full) ealth Underwriters Political A	ction Com	mittee								
	Name of Individual (Last, First, Middle In Irberry, Luann, S., ,	nitial) or Full O	rganization Name	Date of Receipt							
Mail	ing Address 1300 10th Street			12 31 / Y Y Y Y 12 31 2019							
City Wic	shita Falls	State TX	Zip Code 76301-3227	Transaction ID : PR437301021796 Amount of Each Receipt this Period							
	C ID number of contributing and political committee.	С		30.00							
	ne of Employer (for Individual) ginbotham Ins Agency, Inc.	Occu Brok	upation (for Individual) ker	Memo Item							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
	Name of Individual (Last, First, Middle II Illivan, T.J., , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mail	ing Address 235 Front St SE Suit 100	12 / D D / Y Y Y Y 12 31 2019									
City Sale		State OR	Zip Code 97301-3303	Transaction ID : PR437310521796 Amount of Each Receipt this Period							
	C ID number of contributing and political committee.	С		30.00 Memo Item							
	ne of Employer (for Individual) gins Insurance Services, Inc.	Occi Brol	upation (for Individual) ker								
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
	Name of Individual (Last, First, Middle In ell, Marie, D., ,	nitial) or Full O	rganization Name	Date of Receipt							
Mail	ing Address 701 4th Ave S. #1500			12 / D D / Y Y Y Y 12 31 2019							
City Min	nneapolis	State MN	Zip Code 55415-1637	Transaction ID : PR437323321796 Amount of Each Receipt this Period							
	CID number of contributing political committee.	С		30.00							
DeF	ne of Employer (for Individual) Ruyter-Bell, LLC	Occu Brok	upation (for Individual) er	Memo Item							
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Monthly)							
	'OTAL of Receipts This Page (optional) L This Period (last page this line numbe			90.00							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Mide A. Mihalyi-Stiffler, Patricia, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 155 N. Riverview Drive			12 31 Y Y Y Y Y 2019						
City Anaheim	State CA	Zip Code 92808-1225	Transaction ID : PR437326121796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Options in Insurance	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1059.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Mido B. Martin, Patricia , A., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 13815 Starhill Ct.		12 / D D / Y Y Y Y 12 31 2019							
City Houston	State TX	Zip Code 77077-1117	Transaction ID : PR437329721796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Self	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)						
Full Name of Individual (Last, First, Mido C. Pittman, Susan, R., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1010 South 336th Street Suite 305	1		12 / D D / Y Y Y Y 12 31 2019						
City Federal Way	State WA	Zip Code 98003-7355	Transaction ID : PR437343521796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Insure NW Inc.	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		▶ 155.00						
TOTAL This Period (last page this line nu	mber only)		· · · · · · · · · · · · ·						

Use separate schedule(s)

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PAGE 167 OF

T	EMIZED RECEIPTS	I	Use separate schedule(s)	(check only one)						
116			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Duvernay, Jack, , ,	Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 714 Millikens Bend			M M / D D / Y Y Y Y 12 31 2019						
	City Covington	State LA	Zip Code 70433-4581	Transaction ID : PR437344521796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) benefits.one	Occu Brok	ipation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$25.00 Monthly)							
	Full Name of Individual (Last, First, Middle Bajkowski, Catherine, A., ,	Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 188 Industrial Drive, Suite 2			12 ¹						
	City	State	Zip Code	Transaction ID : PR437361121796						
	Elmhurst	IL	60126-1610	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) CB Health Insurance	Occi Brol	upation (for Individual) Ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
	Full Name of Individual (Last, First, Middle Block, David, M., ,	Initial) or Full O	rganization Name	Date of Receipt						
	Mailing Address P O Box 1809			12 31 / Y Y Y Y 12 31 2019						
	City Candler	State NC	Zip Code 28715-1809	Transaction ID : PR437364421796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Insurance Specialties, Inc.	Occu Brok	ipation (for Individual) er	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
				97.00						

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ITEMIZED RECEIP	re re	Use separate schedule(s)	(check only one)								
	10	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE Health Underwrite	(In Full) ers Political Action Com	mittee									
Full Name of Individual (I A. Paulus, Raquel, E., ,	ast, First, Middle Initial) or Full O.	rganization Name	Date of Receipt								
Mailing Address 1368 Bu			12 31 / Y Y Y Y 12 31 2019								
City Traverse City	State MI	Zip Code 49686-8640	Transaction ID : PR437367921796 Amount of Each Receipt this Period								
FEC ID number of contrib federal political committee	ş		30.00								
Name of Employer (for Ir Peterson McGregor & Ass	,	upation (for Individual) ker	Memo Item								
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
B. Thomas, Jeffery, C.		rganization Name	Date of Receipt								
Mailing Address 3072 Art	orwood Blvd.	Zip Code	12 31 2019 Transaction ID : PR437385421796								
Spring Arbor	МІ	49283-9663	Amount of Each Receipt this Period								
FEC ID number of contrib federal political committee	ş		30.00								
Name of Employer (for Ir Small Business Assocation		upation (for Individual) ker	Memo Item								
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
C. Cutting, Brenda, ,		rganization Name	Date of Receipt								
Mailing Address 4356 Bo Suite 2-1	01	Zin Onde	12 / D D / Y Y Y Y 2019								
City Virginia Beach	State VA	Zip Code 23452-1200	Transaction ID : PR437388321796 Amount of Each Receipt this Period								
FEC ID number of contril federal political committee	Ű.		42.00								
Name of Employer (for In Sterling Benefits, LLC	dividual) Occu Brok	Memo Item									
Receipt For: Primary G Other (specify)	eneral Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)								
SUBTOTAL of Receipts Th	is Page (optional)		102.00								
TOTAL This Period (last pa	ge this line number only)	••••••									

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	l ay not be sold or used by any p Iddress of any political committe	13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Mide Jensen, Cerrina, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2520 Venture Oaks Way	/ #240		M M / D D / Y Y Y Y Y 12 31 2019						
City Sacramento	State CA	Zip Code 95833-4228	Transaction ID : PR437391221796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) CoreMark Insurance Services Inc	Occ Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Monthly)						
B. Bogard, Andrea, J., ,	•								
Mailing Address 100 W. Court Ave. Suite 207 City	State	12 / 31 / 2019							
Jeffersonville	IN	Zip Code 47130-3502	Transaction ID : PR437400021796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) A. Bogard Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mide C. Gutierrez, Antonio, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 12833 River Dance Dr.			12 31 Y Y Y Y 2019						
City Raleigh	State NC	Zip Code 27613-7093	Transaction ID : PR437402021796 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Benefitcare.com	Occ Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		310.00						
TOTAL This Period (last page this line nu	mber 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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			Detailed Summary Page	×	11a		111	b	11c	12							
					13		14		15	16	17						
or	y information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	y not be sold or used by any poddress of any political committee	erson fo e to soli	or the cit cor	purp ntrib	oose	e of s ons fro	oliciting	contribut committ	tions ee.						
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Odorizzi, Daniel, J., ,	nitial) or Full O	rganization Name	C	Date of Receipt												
	Mailing Address 100 Bridle Boast Rd.				12 31 2019												
	City Cary	State NC	Zip Code 27519-1550	A						02121796 is Period							
	FEC ID number of contributing federal political committee.	С					,			10.0	00						
	Name of Employer (for Individual) Parrott Insurance & Benefits	Occi Brol	upation (for Individual) ser		Me	emo) Ite	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/I	R Ded	uctio	on (\$10.0	0 Month	nly)							
	Full Name of Individual (Last, First, Middle Cramer, Valerie, Lynn, ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name er, Valerie, Lynn, ,							Date of Receipt								
	Mailing Address 3200 Broadmoor Ave SE		Zip Code		^M 12	1	D	31	/ Y	ү ү 2019	Y						
	City Grand Rapids	State MI		Transaction ID : PR437416421796 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С	ļ	100.00													
	Name of Employer (for Individual) HealthBridge	Occ Bro	upation (for Individual) ker		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/I	R Dedi	uctic	on (\$100.	00 Mon [:]	thly)							
С.	Full Name of Individual (Last, First, Middle Gandy, Hollie, , ,	nitial) or Full O	rganization Name		ate of	Re	ceip	ot									
	Mailing Address 2920 Duniven Circle, #2] [^M 12	/	D	31	/ Y	2019	Y						
	City Amarillo	State TX	Zip Code 79109-1650	A						2 5021796 is Period							
	FEC ID number of contributing federal political committee.	С		1			9		y	30.0	00						
	Name of Employer (for Individual) Senior Solutions Group	Occi Brok		Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/	R Ded	uctio	on (\$30.0	0 Montl	nly)							
e	JBTOTAL of Receipts This Page (optional).									140.0	00						

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)						
11 -			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	information copied from such Reports and Stat r commercial purposes, other than using the n									
\	AME OF COMMITTEE (In Full) lealth Underwriters Political Action	on Comi	nittee							
	ull Name of Individual (Last, First, Middle Initia Clark, Robert, S., ,	l) or Full Or	ganization Name	Date of Receipt						
	lailing Address 7548 Preston Road	1		12 31 / Y Y Y Y 12 31 2019						
	ity Trisco	State TX	Zip Code 75034-5683	Transaction ID : PR437427221796 Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		42.00						
С	ame of Employer (for Individual) lark Insurance Associates, PLLC	Occu Brok	pation (for Individual) er	Memo Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
	ull Name of Individual (Last, First, Middle Initia Carlson, Daryl, , ,	l) or Full Or	ganization Name	Date of Receipt						
M	lailing Address 200 W Vine Street Ste 300			12 / D D / Y Y Y Y 12 31 2019						
	ity exington	State KY	Zip Code 40507-1620	Transaction ID : PR437442121796 Amount of Each Receipt this Period						
F	EC ID number of contributing deral political committee.	C		165.00						
	ame of Employer (for Individual) B&T Insurance Services, Inc.	Occu Brok	pation (for Individual) er	Memo Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$15.00 Monthly)						
	ull Name of Individual (Last, First, Middle Initia Crotty, Karen, R., ,	l) or Full Or	ganization Name	Date of Receipt						
	lailing Address 67 Walnut Avenue Suite 304			12 / D D / Y Y Y Y Y 12 31 2019						
	ity Clark	State NJ	Zip Code 07066-1640	Transaction ID : PR437445121796 Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		12.00						
K	ame of Employer (for Individual) T Benefits		pation (for Individual) oyee Benefits Consultant	Memo Item						
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$12.00 Monthly)						
SU	BTOTAL of Receipts This Page (optional)			219.00						
тот	TAL This Period (last page this line number on	ly)								

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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IT.			Use separate schedule(s)	(C	heck only	y or	ne)	L				
	EIVILLED RECEIPIS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>		
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Mutter, Amy, D., ,	al) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 2670 Electric Road				^M 12	1	D 31	D / Y	ү ү 2019	Y		
	City Roanoke	State VA	Zip Code 24018-3511						54921796 his Period			
	FEC ID number of contributing federal political committee.	С							63.	00		
	Name of Employer (for Individual) Innovative Insurance Group, LLC	Occu Brok	upation (for Individual) ker		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 722.00		P/R Ded	uctio	on (\$63	.00 Mont	hly)			
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, David, C., ,						ceipt					
	Mailing Address 110 N. Corcoran St. #1205			12 / D D / Y Y Y Y 12 31 2019								
	City Durham	State NC	Zip Code 27701-5020	_	Transaction ID : PR437474521796 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Broker			170.00							
	Name of Employer (for Individual) Ebenconcepts Company				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1970.00		P/R Deduction (\$170.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initia Creasy, Marcus, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address P. O. Box 220				M M / D D / Y Y Y Y 12 31 2019							
	City Heber Springs	State AR	Zip Code 72543-0220						74921796 nis Period			
	FEC ID number of contributing federal political committee.	С					, .	9	30.	00		
	Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.	Occu Broke	upation (for Individual) xer		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00		P/R Ded	ucti	on (\$30).00 Mont	hly)			
s	UBTOTAL of Receipts This Page (optional)				<u>_</u>		,	,	263.0	00		
т	OTAL This Period (last page this line number or	nly)					_					

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee								
Full Name of Individual (Last, First, Mide A. Fiala, Colby, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 195 River Vista Place S	suite #206		M M / D D / Y Y Y Y 12 31 2019							
City Twin Falls	State ID	Zip Code 83301-3189	Transaction ID : PR437475121796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Magic Valley Insurance	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Mide B. Pennington, Carol, C., ,	Date of Receipt									
Mailing Address 4640 Woodbridge Drive			12 / D D / Y Y Y Y 12 31 2019							
City Kernersville	State NC	Zip Code 27284-8850	Transaction ID : PR437485421796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Pennington Associates	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Mide C. Miller, Dawn, M., ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 847			12 / D D / Y Y Y Y 12 31 2019							
City McMinnville	State OR	Zip Code 97128-0847	Transaction ID : PR437488821796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Hagan Hamilton Insurance	Occi Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)							
SUBTOTAL of Receipts This Page (option	al)		85.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a		11		11	ŀ	12	
An	y information copied from such Reports and Stater	nente mor	y not be sold or used by any pa		13 or the		14		15 solic		16 contribut	17
	for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full)	<u> </u>	•									
/	Health Underwriters Political Action	n Comr	nittee									
Α.	Full Name of Individual (Last, First, Middle Initial) (Cohn, Barry, S., ,	or Full Or	ganization Name	г	Date of	Re	<u>acei</u>	int				
~ .	Mailing Address 21515 Vanowen St Ste 200				M M	110	_		/	Y	YY	Y
				41	12	Ľ	L	31		L	2019	
	5	State CA	Zip Code 91303-2715								7321796	
		0,1	31303 2713	_ ^	mount	of	Ŀа	ich Re	eceip	ot this	s Period	_
	FEC ID number of contributing federal political committee.			1 l	_		-			7	30.0	
	Name of Employer (for Individual) Really Great Employee Benefits	Occu Brok	pation (for Individual) er		Me	emo	o Ite	em				
	Bossint For:	areaate `	Year-to-Date ▼	-								
	Primary General			P/	R Dedu	uctio	on	(\$30.0	00 M	lonthl	y)	
	Other (specify)	4	360.00									
в.	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 486 Calle Amigo				м м 12	1	Γ	D D D 31	/	Y	2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR43	37529	9921796	_
	San Clemente	CA	92673-3003	A	mount	of	Ea	ich Re	eceip	ot this	s Period	
	FEC ID number of contributing federal political committee.	0			_		-			7	100.0	00
	Name of Employer (for Individual) Stedt Insurance Services	Occu Brok	pation (for Individual) er		Me	emo	o Ite	em				
		ggregate `	Year-to-Date ▼									
	Primary General Other (specify) ▼		1320.00	P/	R Dedu	uctic	on ((\$100	.00 N	Nonth	nly)	
			, , , , , , , , , , , , , , , , , , , ,									
c.	Full Name of Individual (Last, First, Middle Initial) (Andress, Carolyn, Marie, ,	or Full Or	ganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1959 Highway 34 2nd Floor				M M 12	/	Γ	D D D 31	/	Y	y y 2019	Y
	3	State	Zip Code		Trans	acti	ion	1D : I	PR4:	3754	3421796	
	Wall Township	NJ	07719-9750	A	mount	of	Ea	ich Re	eceip	ot this	s Period	
	FEC ID number of contributing federal political committee.	0					,			,	150.0	00
	Name of Employer (for Individual)		pation (for Individual)		Me	emo	o Ite	em				
	HUB International Receipt For:	Broke		_								
	Primary General	ggregate	Year-to-Date ▼	P/	'R Ded	uctio	on	(\$30.0	00 M	Ionthl	ly)	
	Other (specify)		510.00								.,	
s	UBTOTAL of Receipts This Page (optional)		••••••				,			,	280.0	0
Т	OTAL This Period (last page this line number only))	•				-			,		

SCHEDULE A (FEC Form 3X) -

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111			for each category of the Detailed Summary Page		K 11a		11b	11c	12	_ _			
	y information copied from such Reports and Sta for commercial purposes, other than using the i												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Swanson, Cynthia, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 22240 Deval Ln				^M 12	1	D 31		ү ү 2019	Y			
	City Frankston	State TX	Zip Code 75763-4037	_					44921796 his Period				
	FEC ID number of contributing federal political committee.	С							42.	00			
	Name of Employer (for Individual) Hibbs Hallmark & Company	Occu Brok	upation (for Individual) er		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00		P/R Dedu	uctio	on (\$42	.00 Mont	hly)				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Giardina, Charles, J., ,						eceipt						
	Mailing Address 5440 Mounes Street, Suite 112			12 / D D / Y Y Y Y 12 31 2019									
	City New Orleans	State LA	•				Transaction ID : PR437562821796 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	I committee.			42.00								
	Name of Employer (for Individual) MassMutual				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 456.00	F	P/R Deduction (\$42.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Contorno, David, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 106 Langtree Village Dr Suite 301 City	State	Zip Code		12 31 2019 Transaction ID : PR437566621796								
	Mooresville	NC	28117-7571				-		nis Period)			
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer (for Individual) E Powered Benefits	Occu Brok	ipation (for Individual) er		Me	emo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 660.00		P/R Ded	ucti	on (\$30	.00 Mont	hly)				
s	UBTOTAL of Receipts This Page (optional)		•				, .		114.0	00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
		, ,	13 14 15 16 17								
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mide Schneider, Chad, P., ,											
Mailing Address 848 W. Eastman St. STE 104			12 / D D / Y Y Y Y 12 31 2019								
City Chicago	State	Zip Code 60642-2635	Transaction ID : PR437566821796								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 50.00 Memo Item P/R Deduction (\$50.00 Monthly)								
Name of Employer (for Individual) Jellyvision	Occ Brol	upation (for Individual) ker									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1070.00									
Full Name of Individual (Last, First, Mide B. Mobley, Dennis, F., ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 137 Executive Drive Suite D	12 / D D / Y Y Y Y Y 12 31 2019										
City	State MS	Zip Code	Transaction ID : PR437587521796								
Madison	MS	39110-8456	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Mobley Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)								
Full Name of Individual (Last, First, Mide C. Waller, Doris, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1778 N. Plano Rd. Suite 310	Suite 310										
City Richardson	State TX	Zip Code 75081-1958	Transaction ID : PR437591521796								
FEC ID number of contributing federal political committee.	C	73001-1330	Amount of Each Receipt this Period 85.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Pan-American Benefits Solutions, Inc. Receipt For: Primary General Other (specify)	Aggregate	ker Year-to-Date ▼ 891.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (option	nal)		185.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	IAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee													
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Judith, L., ,							Date of Receipt								
N	Aailing Address P O Box 10071				M M / D D / Y Y Y Y 12 31 2019											
	Dity 5. June 1997	State TX		Trans	acti	ion II	D : P	R43759	94121796							
-	Гyler		75711-0		Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С		85.00												
	lame of Employer (for Individual) CFG Insurance	Occi Brol	upation (for In-	dividual)		M	emo	lten	n							
F	Receipt For:	Aggregate	Year-to-Date	•												
	Other (specify) ▼		7 1 7		P/R Deduction (\$85.00 Monthly)											
	ull Name of Individual (Last, First, Middle Swinton, Ryan, R., ,	Initial) or Full O	rganization Na	ame		Date of Receipt										
N	Iailing Address 1128 Lincoln Mall Suite 200	lall						12 31 2019								
C	Sity	State		Transaction ID : PR437594921796												
	incoln	NE	JE 68508-2878 Amount of Each R							ceipt th	is Period					
	EC ID number of contributing ederal political committee.	С										00				
	lame of Employer (for Individual) INICO Group, Inc.	Occ Bro		Memo Item												
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	1020.00	P	P/R Deduction (\$85.00 Monthly)										
	ull Name of Individual (Last, First, Middle Starks, Eugene, , ,	Initial) or Full O	rganization Na	ame		Date of	Re	eceipt	 t							
N	Aailing Address 613 Crescent Circle Suite 201		12 / D D / Y Y Y Y 12 31 2019													
	City City City City City City City City	State	Zip Code			Trans	acti	ion I	D : P	R43760	03121796	;				
_	Ridgeland	MS	39157-8	686		Amount	of	Each	۱ Red	ceipt th	is Period					
	EC ID number of contributing ederal political committee.	С				y		5	85.	00						
N	lame of Employer (for Individual)	r Individual) Occupation (for Individual)							n							
	Benefit Administration Services, Ltd.	Brok														
F	Receipt For:	•	-													
	Primary General Other (specify)			1145.00] 「	P/R Ded	uctio	on (\$	85.00	0 Month	ly)					
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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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	y information copied from such Reports and Sta for commercial purposes, other than using the n																	
\backslash	NAME OF COMMITTEE (In Full)																	
/	Health Underwriters Political Activ	on Com	mittee															
Α.	Full Name of Individual (Last, First, Middle Initia Williams, George, , ,	l) or Full O	rganization Name	Date of Receipt														
	Mailing Address 4109 Woodway Dr.				M = M / D = D / Y = Y = Y													
										12 31 2019								
	City Monroe	State LA	Zip Code 71201-2218		Transaction ID : PR437605721796 Amount of Each Receipt this Period													
			712012210	_ /	Amount	: of	Each	n Rec	ceipt th	is Period								
	FEC ID number of contributing federal political committee.	С			30.00 Memo Item													
	Name of Employer (for Individual) Financial Planning Resources	Occi Brol	upation (for Individual)															
	Receipt For:	-		_														
	Primary General	Aggregate	Year-to-Date ▼	P/	P/R Deduction (\$30.00 Monthly)													
	Other (specify)	L	360.00															
B.	Full Name of Individual (Last, First, Middle Initia LaRocco, Andrew, M., ,	l) or Full O	rganization Name		Date of Receipt													
	Mailing Address 5880 Live Oak Parkway, # 230				M M / D D / Y Y Y Y													
	City	State	Zip Code	- 1	12 31 2019													
	Norcross	GA	30093-1740		Transaction ID : PR437640921796 Amount of Each Receipt this Period													
	FEC ID number of contributing			- '					, o.pt ui									
	federal political committee.	С			40.00													
	Name of Employer (for Individual) The LaRocco Companies	Occ Bro	upation (for Individual) ker		M	emo) Iten	n										
	Receipt For:	Aggregate	Year-to-Date 🔻															
	Primary General	· · · ·	480.00	P/	P/R Deduction (\$40.00 Monthly)													
	Other (specify) V																	
C.	Full Name of Individual (Last, First, Middle Initia Israel, Steven, , ,	l) or Full O	rganization Name		Date of	Re	eceipt	t										
	Mailing Address 12281 Wedge Way				^M ^M	/		31	/ Y	2019	Y							
	City	State	Zip Code		Trans	act	ion I	D : P	R43765	54421796								
	Boynton Beach	FL	33437-2059	ļ	Amount	of	Each	h Rec	eipt th	is Period								
	FEC ID number of contributing federal political committee.	С			42.00													
	Name of Employer (for Individual)	_	Memo Item															
	S. Florida Affiliated Health Insurers,	Brok	upation (for Individual) ter															
	Receipt For:	Aggregate																
	Primary General	.99.094.0	P.	/R Ded	ucti	on (\$	642.00) Month	ıly)									
	Other (specify)		4															
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full)												
Health Underwriters Political A	ction Com	mittee										
Full Name of Individual (Last, First, Middle Ir A. Siciliano, Dominic, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 500 Cascade Road SE Suite	106		12 31 2019									
City	State	Zip Code	Transaction ID : PR437669521796									
Grand Rapids	MI	49546-2166	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Benefit Profiles, Inc.	Brol		P/R Deduction (\$30.00 Monthly)									
Receipt For:	Aggregate	Year-to-Date V										
Primary General	1.99.094.0											
Other (specify) V		360.00										
Full Name of Individual (Last, First, Middle Ir B. Strouse, Marcie, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9854 Colby Ave			12 31 2019									
City	State	Zip Code	Transaction ID : PR437683121796									
Clive	IA	50325-6422	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00 Memo Item									
Name of Employer (for Individual) KHI Solutions	Occ Bro	upation (for Individual) ker										
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		1020.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middle Ir C. Atkinson, Lynn, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3800 Electric Road, # 406			12 31 2019									
City	State	Zip Code	Transaction ID : PR437687321796									
Roanoke	VA	24018-4568	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Humana	Occ	upation (for Individual)	Memo Item									
Receipt For:		Year-to-Date V										
Primary General	Ayyreyale		P/R Deduction (\$30.00 Monthly)									
Other (specify)	L	360.00										
SUBTOTAL of Receipts This Page (optional)			145.00									
TOTAL This Period (last page this line number	r 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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			Detailed Summary Page	×]11a]11b		11c	12	_		
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or	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee										
۹.	Full Name of Individual (Last, First, Middle Initial Granado, Arthur, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot					
	Mailing Address 418 Peoples, # 505				12 31 2019								
	City	State	Zip Code 78401-2350		Transaction ID : PR437693221796								
	Corpus Christi	TX	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			85.00								
	Name of Employer (for Individual) The Granado Group	Occu Brok	upation (for Individual) ter		M	emo	lter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$85.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initial Webb, Yolanda, Marie, ,	l) or Full O	rganization Name		Date of Receipt								
	Mailing Address 6117 Clover Ct.			12 31 2019									
	City	State	Zip Code							5621796			
	Chino	CA	91710-5337	Amount of Each Receip					ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) Webb Insurance Solutions	Occu Broł	upation (for Individual) ker		M	emo	lter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$25.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initial Kirsch, Cara, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot					
	Mailing Address 720 Grenoble Drive			12 31 2019									
	City Bellevue	State NE	Zip Code 68123-4158							31121796			
			00123-4150	A	Mount	of	Eac	h Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	Silver Stone Group Receipt For:	Vice President											
	Primary General Other (specify)	Aggregate	P/	P/R Deduction (\$85.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)			•			,		9	195.0	0		
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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee								
Full Name of Individual (Last, First, Mic Berry, Ernest, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5121 69th St., A9A			12 / D D / Y Y Y Y Y 12 31 2019							
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737421796							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Berry Agency Receipt For: Primary General Other (specify) ▼	Aggregate	xer Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Mic B. Conto, Teresa, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 702 King Farm Blvd Ste 210			12 31 / Y Y Y Y 12 31 2019							
City Rockville	State MD	Zip Code 20850-6563	Transaction ID : PR437740821796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Gallagher Benefit Services	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Mic C. Williams, Leslie, A., ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2295 Hilltop Drive Suite 5			12 / D D / Y Y Y Y Y 12 31 2019							
City Redding	State CA	Zip Code 96002-0515	Transaction ID : PR437742921796							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occ Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line no	,									

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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mitt	ee										
	Full Name of Individual (Last, First, Middle I Edwards, Susan, Christensen, ,	nitial) or Full O	rganiz	zation Name		Date of	f Re	ecei	ipt					
	Mailing Address 40 S. Roop St.					^M 12	/	E	D D 31	/	Y	2019	Y	
	City Susanville	State CA	Ž	Zip Code 96130-4336								552179		
	FEC ID number of contributing federal political committee.	C				Amoun	t of	Ea	ich Ri	eceip	ot thi		d .00	
	Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occi Broł	•	n (for Individual)		М	emo	o Ite	em					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 600.00]	P/R Ded	uctio	on	(\$50.0	00 M	Ionth	y)		
B. _	Full Name of Individual (Last, First, Middle I LaFay, Stacey, S., ,	nitial) or Full O	rganiz	zation Name		Date of	f Re	ecei	ipt					
	Mailing Address 2444 East Hill Rd.					^M 12	1		31	/	Y	2019	Y	
	City Grand Blanc	State MI	Z	Zip Code 48439-5098	-	Trans Amoun		-			-	5 22179 s Perio		
	FEC ID number of contributing federal political committee.	С				<u> </u>		- -			y	_	.00	
	Name of Employer (for Individual) Franklin Benefit Soutions	Occ	•	n (for Individual)		М	emo	o Ite	em					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 1435.00]	P/R Deduction (\$50.00 Monthly)								
	Full Name of Individual (Last, First, Middle I Johnson, John, P., ,	nitial) or Full O	rganiz	zation Name		Date o	f Re	ecei	ipt					
	Mailing Address 8414 N. Wall Street Ste C					^M 12	1	Ľ	^D 31	/	Y	2019 ^Y	Y	
	City Spokane	State WA	Z	Zip Code 99208-6161								582179		
	FEC ID number of contributing federal political committee.	C				Amoun	tor	Ea	ICN R	eceip	ot thi		a .00	
	Name of Employer (for Individual) IFS	Occu Brok	•	n (for Individual)		М	emo	o Ite	em					
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 315.00]	P/R Dec	luctio	on	(\$63.	00 N	Ionth	ly)		
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	_		
> Health Underwriters Political A	Action Com	mittee	
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	
A. Cade, Kareim, R., ,			Date of Receipt
Mailing Address 28411 Northwestern Hwy.,			12 / D D / Y Y Y Y 12 31 2019
City Southfield	State MI	Zip Code 48034-5515	Transaction ID : PR437778621796
		40054-5515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Great Lakes Benefit Group	Brol	ker	
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		1020.00	P/R Deduction (\$85.00 Monthly)
			1
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	
B. Riddle, Tammy, M., ,			Date of Receipt
Mailing Address 3718 W. Lancer Rd.			12 31 2019
City	State	Zip Code	Transaction ID : PR437786521796
Peoria	IL	61615-2517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Pearl Benefits	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:		Year-to-Date ▼	—
Primary General	, iggi ogulo		P/R Deduction (\$20.00 Monthly)
Other (specify) v		, 240.00	
Full Name of Individual (Last, First, Middle C. Heider, Ryan, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 195 River Vista Place Suite	e #206		M = M / D = D / Y = Y = Y
	Ctoto	Zin Codo	12 31 2019
City Twin Falls	State ID	Zip Code 83301-3189	Transaction ID : PR437792221796 Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		30.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Magic Valley Ins. Receipt For:	Brok	ker	_
Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$20.00 Monthly)
Other (specify)		360.00	P/R Deduction (\$30.00 Monthly)
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SUBTOTAL of Receipts This Page (optional).			135.00
TOTAL This Period (last page this line number	er only)		

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

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30.00 N	Month	nly)	
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SCHEDULE A (FEC Form 3X)

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
Health Underwriters Politi	cal Action Com	mittee	
Full Name of Individual (Last, First, M Daricek, Natalie, , ,	1iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2444 W Las Palmarit			12 / D D / Y Y Y Y 12 31 2019
City Phoenix	State AZ	Zip Code 85021-4860	Transaction ID : PR437834921796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) Blue Cross Blue Shield of AZ		pation (for Individual) punt Executive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 434.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, N 3. Hediger, Debbie, R. , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One N Dale Mabry H			12 31 2019
City Tampa	State FL	Zip Code 33609-2755	Transaction ID : PR437852421796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) McGriff Insurance Services, Inc	Occu Brok	upation (for Individual) ser	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 552.00	P/R Deduction (\$50.00 Monthly)
Full Name of Individual (Last, First, M Little , Cathy , , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1145 2nd Street #A-269			12 31 2019
City Brentwood	State CA	Zip Code 94513-2292	Transaction ID : PR437855621796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.00
Name of Employer (for Individual) Essential Exchange Insurance Service		ipation (for Individual) er	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼ 458.00	P/R Deduction (\$38.00 Monthly)
Other (specify)			-

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □											
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee												
Full Name of Individual (Last, First, Mic A. James, Leslie, C., ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 6368 Pearl Rd			12 / 31 / 2019											
City Cleveland	State OH	Zip Code 44130-3064	Transaction ID : PR437860021796 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Insurance Strategy, Inc.	Occu Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Mic B. Emidy, Mike, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address P O Box 2021			12 31 Y Y Y Y Y 12 31 2019											
City Ridgeland	State MS	Zip Code 39158-2021	Transaction ID : PR437878321796 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Colonial Life	Occu Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
Full Name of Individual (Last, First, Mic C. McDonald, Jesse, D., ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 111 River St #7	Otata	Zin Onde	12 J D D / Y Y Y Y Y 31 2019											
City Milford	State CT	Zip Code 06460-3326	Transaction ID : PR437887921796 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Modern Insurance	Occu Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)											
SUBTOTAL of Receipts This Page (option	' nal)		90.00											
TOTAL This Period (last page this line nu	Imber only)													

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 187 OF

	INIZED RECEIPTS			or each category of the Detailed Summary Page	×	11] 11 14	-	11c	12	Г	17
	r information copied from such Reports and Stat or commercial purposes, other than using the na					for t	he		pos	se of s			ibutic	
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mi	ttee										
	Full Name of Individual (Last, First, Middle Initial Blanchard, Brian, G, ,) or Full O	rgai	nization Name		Date	e of	Re	ecei	ipt				
-	Mailing Address 225 S 6th Ste 2900	1					[™]	/		31		Y Y 2019	ү ү 9	
	Dity Minneenelie	State MN		Zip Code 55402-4609								0000217		
-	Minneapolis FEC ID number of contributing ederal political committee.	C		33402-4009		Amo	ount	of	Ea	ich Re	ceipt 1	this Per	iod 25.00)
Ī	Name of Employer (for Individual)		•	tion (for Individual) al Representative	'		Me	emo	o Ite	em				
	Northwestern Mutual Receipt For: Primary General Other (specify) ▼			ar-to-Date ▼ 300.00	P	/R [Dedu	uctio	on ((\$25.0	0 Mon	ithly)		
B. _	Full Name of Individual (Last, First, Middle Initial Atencio, Linda, K., ,) or Full O	rgai	nization Name		Date	e of	Re	ecei	ipt				
-	Mailing Address PO Box 87021	1-		1			2	/		31		Y Y 2019		
	City Phoenix	State AZ		Zip Code 85080-7021					-			2569217		
-	FIC ID number of contributing ederal political committee.	C				Amc	bunt	OT	Ea	icn Re		this Per	100 30.00	
	Name of Employer (for Individual) Arcwood Consulting	Occi Brol	•	tion (for Individual)			Me	emo	o Ite	em				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 860.00		/R C	Dedu	uctic	on ((\$30.0	0 Mon	thly)		
С.	Full Name of Individual (Last, First, Middle Initial May, Charles, K., ,) or Full O	rgar	nization Name		Date	e of	Re	ecei	ipt				
-	Mailing Address 9848 Portage Rd	1 -		1		1	[™]	/	L	31		2019	Э	
	City Portage	State MI		Zip Code 49002-7259					-			8686217		
-	FEC ID number of contributing ederal political committee.	C	ï			Amo	ount	OT	Ea	ich Re	ceipt 1	this Per	100 20.00)
	Name of Employer (for Individual) Miller Schuring Agency		•	tion (for Individual) & Group Benefits Agent			Me	∋mo	o Ite	em				
	Poppint For:			ir-to-Date ▼ 208.00	P	9/R [Dedu	uctio	on	(\$20.0	0 Mon	ıthly)		
รเ	BTOTAL of Receipts This Page (optional)			•••••	_				,		,		75.00	
тс	TAL This Period (last page this line number on	ly)		•									-	

Use separate schedule(s)

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PAGE 188 OF

ITF			Use separate schedule(s)	(check only one)								
116			for each category of the Detailed Summary Page	X 11a 11b 11c 12								
An or	information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	ay not be sold or used by any p ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
\	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee									
	Full Name of Individual (Last, First, Middle Initia McDonald, Monica, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2717 N 118th St Ste 300			M M / D D / Y Y Y Y 12 31 2019								
	City Omaha	State NE	Zip Code 68164-9684	Transaction ID : PR468300421796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		162.00								
	Name of Employer (for Individual) United Healthcare		upation (for Individual) punt Executive	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$12.00 Monthly)								
B.	Full Name of Individual (Last, First, Middle Initia Waltman, Jessica, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 10 Doyle Road	Ototo	Zin Oode	12 / D D / Y Y Y Y 12 31 2019								
	City Wayne	State PA	Zip Code 19087-3903	Transaction ID : PR470100121796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) cipal	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00	P/R Deduction (\$85.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initia Riley, Amanda, Danielle, ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 24830 SE 278th St			12 / D D / Y Y Y Y 12 31 2019								
	City Maple Valley	State WA	Zip Code 98038-2019	Transaction ID : PR476686821796 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
s	JBTOTAL of Receipts This Page (optional)			277.00								
т	OTAL This Period (last page this line number of	nly)	•••••••									

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

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				Detailed Summary Page	×				-	1b		11c			<u> </u>
	y information copied from such Reports and Stat						the		po					ibutio	
or	for commercial purposes, other than using the n														
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Com	ımi	ittee											
	Full Name of Individual (Last, First, Middle Initial Stevens, Kenneth, W., ,	I) or Full O)rga	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 4916 Bellemeade Ave		_				™ 12	1		D 31	2	/ Y	۲ 2019		Y
	City Evansville	State IN		Zip Code 47715-4130								R49632			
			_	י י י וט־4וטט	_ /	Am	ount	of	E	ach F	łec	eipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С				Ļ	_		,			-95-	ξ	35.00	0
	Name of Employer (for Individual) Stevens Insurance Advisors		•	tion (for Individual) ndent Agent & Broker		Ц	Me	emo	o l	tem					
	Receipt For:		· · ·	ar-to-Date ▼											
	Primary General Other (specify) ▼		7	1020.00	P.	9/R	Dedu	ucti	ion	ı (\$85	.00) Month	ıly)		
	Full Name of Individual (Last, First, Middle Initial Kramer, Sherrie, , ,	I) or Full O	orga	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 310 West McKinley						™ 12	1		D 31	2	/ Y	2019		Y
	City	State		Zip Code								R49925			
	Mishawaka	IN	_	46545-5600		Am	ount	of	E	ach F	lec	eipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С	_			Ľ			-,				20	0.00	0
	Name of Employer (for Individual) The Sanders Agency		•	ition (for Individual) nce Agent			Me	emo	o l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	р Р/	P/R Deduction (\$50.00 Monthly)											
	Full Name of Individual (Last, First, Middle Initial Wayt, Andrew, , ,	l) or Full O	rga	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 199 Coon Rapids Blvd, Ste 314						12 ^M			D 1			2019)	Y
	City Coon Rapids	State MN		Zip Code 55433-5861								R52818			
			_	JJ-JJU I	- '	Am	ount	of	E	ach F	łec	eipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С	_			Ļ	_	_	, 1			y	3	30.00	0
	Name of Employer (for Individual) IFC National Marketing, Inc.		•	tion (for Individual) er Consultant			Me	əmc	οI	tem					
	Receipt For:			ar-to-Date ▼											
	Primary General Other (specify)		-9-	560.00] P	P/R	Dedu	ucti	ion	n (\$30	.00) Month	nly)		
S	UBTOTAL of Receipts This Page (optional)											,	31	15.00)
т	OTAL This Period (last page this line number on	ly)			- •	Ĺ			,		Ĩ	7			

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

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	EMIZED RECEIFTS			iled Summary Page	×]11b		11c	12			
۸n	y information copied from such Reports and S	Statements m	av not b	a sold or used by any n	arson f	13	nur	14		15 Oliciting	16	17 ions		
	for commercial purposes, other than using the													
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Health Underwriters Political Ac	ction Com	mitte	e										
Α.	Full Name of Individual (Last, First, Middle In Haney, Denise, , ,	itial) or Full C	Organizat	ion Name		Date of	Re	eceip	ot					
	Mailing Address 2302 International Lane					^M 12	1	D	^р 31	/ Y	2019	Y		
	City	State	· · ·	Code		Trans	acti	ion I	ID : P	R52819	0321796			
	Madison	WI	5	3704-3136	_ /	Amount	of	Eac	h Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С						-		-9	12.	00		
	Name of Employer (for Individual) TASC		•	(for Individual) les Director		Me	emo) Iter	m					
	Receipt For:	Aggregate	Year-to-	Date 🔻										
	Primary General Other (specify) ▼			294.00] ^{P.}	/R Ded	uctio	on (\$	\$12.0	0 Month	nly)			
в.	Full Name of Individual (Last, First, Middle In Kennedy, Jeff, , ,	itial) or Full C	Organizat	ion Name		Date of	Re	eceip	ot					
	Mailing Address 901 E. Battlefield					м м 12	/	D	д 31	/ Y	y y 2019	Y		
	City	State	Zip	Code		Trans	acti	ion I	ID : P	R57388	4921796			
	Springfield	MO	65	5807-4811	/	Amount	t of	Eac	h Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С						- -		-9-	20.	00		
	Name of Employer (for Individual) Nixon & Lindstrom Insurance		•	(for Individual) th and Benefits Producer	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-] Р/	P/R Deduction (\$20.00 Monthly)									
с.	Full Name of Individual (Last, First, Middle In PARKER, Laura, R., ,	itial) or Full C	Organizat	ion Name		Date of	Re	eceip	ot					
	Mailing Address 12303 Hwy 707 Suite B					^M 12	/	D	31 D	/ Y	2019 [°]	Y		
	City	State		Code		Trans	acti	ion l	ID : P	R7426	59121796			
	Murrells Inlet	SC	29	9576-9740	/	Amount	t of	Eac	h Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С						y		y	30.	00		
	Name of Employer (for Individual) Hibbits Insurance Inc	Occ CFC	•	(for Individual)		M	emo	b Itei	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 360.00	P	/R Ded	uctio	on (\$	\$30.0	0 Montl	ıly)			
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number							,	-		62.0	00		

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

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			Detailed Summary Page	×	11a		11		11c	12	
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	y information copied from such Reports and State for commercial purposes, other than using the na										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	Health Underwriters Political Action	on Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initial) Nichols, Thomas, L., ,) or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 2888 Shadowlake Dr				м м 12	1	Γ	31	/ Y	2019	Y
	City	State	Zip Code	_	Trans	acti	ion	ID : F	PR8402	69921796	
	Oklahoma City	ОК	73159	A	Mount	of	Ea	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		-		-	85.0	00
	Name of Employer (for Individual) Colonial Life		upation (for Individual) rict General Manager		M	emo	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		765.00	P/	'R Ded	uctio	on ((\$85.0	0 Mont	hly)	
В.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	Re	ecei	int			
	Mailing Address				M M	/		DDD	/ Y	YY	Y
	City	State	Zip Code	A	mount	: of	Ea	.ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,		- 7		
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify) v										
C.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address				M M	/	Γ	D D	/ Y	YYY	Y
	City	State	Zip Code		mount	of	Ea	ch Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		,		,		
	Name of Employer (for Individual)	Occi	upation (for Individual)		M	ema	o Ite	em			
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify)			11							
	Other (specify)		-95 1 495 1 465 1								
S	UBTOTAL of Receipts This Page (optional)						,			85.0	00
т	OTAL This Period (last page this line number onl	y)					-,		-	38962.7	17

2 OF 199											
E NUMBER: PAGE 192 OF 199 nly one) p 22 23 26 27											
b											
butions nittee.											
12 / D D / Y Y Y Y 12 31 2019											
1											
Transaction ID : 13632837 Amount of Each Disbursement this Period											
1093.55											
PayPal Fees											
Memo Item											
Y											
- Y											
s Period											
0.15											
Y											
]											
s Period											
188.99											
Credit Card Fees											

SCHEDULE B (FEC Form 3X)			FOR LINE				
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Health Underwriters Political Action	on Comm	nittee					
Full Name (Last, First, Middle Initial) A. Latta For Congress				Date of Disbursement			
Mailing Address PO Box 106				12 / D D / Y Y Y Y Y 12 04 2019			
City Bowling Green	State OH	Zip Code 43402		FEC Identification Number			
Purpose of Disbursement 12/4 Lunch			011	С С00438697			
Candidate Name			Category/	Transaction ID : 13518637 Amount of Each Disbursement this Period			
Latta, Bob, E., Rep., Office Sought: X House Disburs Senate X	ement For:	2020 General	Туре	500.00			
State: OH District: 05	Other (spe			12/4 Lunch Memo Item			
Full Name (Last, First, Middle Initial)							
B. Ted Cruz Victory Committee				Date of Disbursement			
Mailing Address 1593 Spring Hill Road Suite 400	1	_		12 05 2019			
City Tysons Corner	State VA	Zip Code 22182		FEC Identification Number			
Purpose of Disbursement Comp Event in 2020			011	С			
Candidate Name			Category/ Type	Transaction ID : 13518786 Amount of Each Disbursement this Period			
Senate	ement For: Primary	General		2000.00 Comp Event in 2020			
State: District:	Other (spe	cify)		Memo Item			
Full Name (Last, First, Middle Initial) C. Committee To Elect Steve Watkir	ame (Last, First, Middle Initial)						
Mailing Address 6021 Sw 29th Street Suite A, Box 150				12 / D D / Y Y Y Y 12 05 2019			
City Topeka	State KS	Zip Code 66614		FEC Identification Number			
Purpose of Disbursement 12/5 Dinner			011	C C00660050			
Candidate Name Watkins, Steve, , ,			Category/ Type	Amount of Each Disbursement this Period			
	ement For: Primary Other (spe	General	<u> </u>	1000.00 12/5 Dinner			
State: KS District: 02		-		Memo Item			
SUBTOTAL of Disbursements This Page (optional)				3500.00			
TOTAL This Period (last page this line number on	y)		••••••				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 194 OF 199								
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) h category of the d Summary Page	(check only 21b 28a									
Any information copied from such Reports and Sta or for commercial purposes, other than using the r												
NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comr	nittee										
Full Name (Last, First, Middle Initial) A. Elissa Slotkin For Congress				Date of Disbursement								
Mailing Address PO Box 244				12 05 2019								
City Holly Purpose of Disbursement	State MI	Zip Code 48442		FEC Identification Number								
12/6 Breakfast Candidate Name			011 Category/	C C00650150 Transaction ID : 13518788 Amount of Each Disbursement this Period								
	sement For:	2020 General	Туре	1000.00								
State: MI District: 08	Y Primary Other (sp			12/6 Breakfast Memo Item								
Full Name (Last, First, Middle Initial) B. Friends Of Michael Guest Mailing Address Post Office Box 470	ull Name (Last, First, Middle Initial) Friends Of Michael Guest											
City Brandon Purpose of Disbursement	State MS	Zip Code 39043		FEC Identification Number								
12/9 Lunch Candidate Name Guest, Michael, , ,			011 Category/ Type	Transaction ID : 13518789 Amount of Each Disbursement this Period								
	sement For: Primary Other (sp	General		1000.00 12/9 Lunch Memo Item								
Full Name (Last, First, Middle Initial) C. Adam Kinzinger Future 1st Comr	nittee			Date of Disbursement								
Mailing Address PO Box 15239				12 05 2019								
City Washington Purpose of Disbursement 12/9 Dinner Candidate Name	State DC	Zip Code 20003	011 Category/	FEC Identification Number C Transaction ID : 13518790 Amount of Each Disbursement this Period								
Office Sought: House Disbur Senate President State: District:	Sement For: Primary Other (sp	General ecify) ▼	Туре	1000.00 12/9 Dinner Memo Item								
SUBTOTAL of Disbursements This Page (optiona TOTAL This Period (last page this line number or				3000.00								

SCHEDULE B (FEC		Use sena	arate schedule(s)	-							195 OF 199				
ITEMIZED DISBURSE	MENTS	for each	category of the Summary Page		only on 1b 8a	ne) 22 28b		23 28c	26 29		27 30b				
Any information copied from suc or for commercial purposes, oth	er than using the na														
NAME OF COMMITTEE (In Health Underwriters		n Comm	ittee												
Full Name (Last, First, Middle A. Xochitl For New Me						Date of Disbursement									
Mailing Address PO Box 225	0					12		05	5	_ 20)19				
City Las Cruces Purpose of Disbursement		State NM	Zip Code 88004		- 1				Numbe	r	-				
12/11 Coffee Candidate Name				011 Category/	11.	Tra		tion	ID : 135 [,]						
Small Xochitl, Torre Office Sought: X Hous Sena Presi	e Disburse te x	ment For: 2 Primary Other (spec	General	Туре		Amount of Each Disbursement this P 1000.00 12/11 Coffee									
State: NM District: Full Name (Last, First, Middle B. Capito For West Vir Mailing Address PO Box 115	ginia				Date of	mo Ite		D /)19					
City Charleston Purpose of Disbursement 12/10 Lunch Candidate Name		State WV	Zip Code 25339	011 Category/	1	FEC Identification Number C C00539825 Transaction ID : 13518793 Amount of Each Disbursement this Peri									
Capito, Shelley, , , M Office Sought: House State: WV District:	e Disburse ie x	ment For: 2 Primary Other (spec	General	Туре		Me	1	2/10 Lu	2	2500.00					
Full Name (Last, First, Middle Blaine For Congress Mailing Address PO Box 98					_	Date of	[:] Disb	urser 05	D /)19				
City St. Elizabeth Purpose of Disbursement 12/10 Dinner		State MO	_		entific C004		Numbe 9	r							
Candidate Name Luetkemeyer, Blain Office Sought:		ment For: 2	2020	011 Category/ Type					ID : 135 Disburse	ment	this Period				
State: MO District:				Ме	mo Ite		12/10 Dii	nner							
SUBTOTAL of Disbursements TOTAL This Period (last page	This Page (optional).				- 1						4500.00				

SCHEDULE B (FEC Form 3X)			FC	OR L	LINE N	IUMBER:		PAGE 196 OF										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(cl		only o 21b	only one)												
		Summary Page			210 28a	22 28b	×	23 28c	\vdash	26		27 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na				any	persor	n for the		oose		soliciti		ontributions						
NAME OF COMMITTEE (In Full)																		
Health Underwriters Political Action	on Comm	ittee																
Full Name (Last, First, Middle Initial) A. Upton For All Of Us		Date of Disbursement																
Mailing Address PO Box 490						12 / D D / Y Y Y Y 12 05 / 2019												
City St. Joseph	State MI	Zip Code 49085				FEC Id	entil	icatio	n N	Numbe	er							
Purpose of Disbursement 12/11 Lunch			0	11		•		2005	_	. 425	4070							
Candidate Name			Cate	eaor	v/	Transaction ID : 13518796 Amount of Each Disbursement this Period												
Upton, Frederick, Stephen, Rep.,				ype	<i>.</i>	<u> </u>	-		_									
Senate x President	ement For: 2 Primary Other (spe	General				Ме	mo	Item	12	/11 Lu	-	1000.00						
State: MI District: 06																		
B. William Timmons For Congress							f Dis	sburse	D	ent /		040						
Mailing Address PO Box 3416						12 05 2019												
City Greenville	State SC	Zip Code 29602				FEC Id	entif	icatio	n N	lumbe	er							
Purpose of Disbursement 12/11 Dinner						C C00668491												
Candidate Name			la de la companya de)11						: 135								
Timmons, William, , , IV			Cate	egory ype	y/	Amoun	t of	Each	Di	sburse	emen	t this Period						
	ement For:	2020		ypc		1000.00												
Senate X	1	General						7		/11 Di	nner	40						
State: SC District: 04	Other (spe	cify)				Memo Item												
Full Name (Last, First, Middle Initial) C. Greg Steube For Congress						Date of	f Dis	sburse	eme	ent								
Sieube i di Congress						M M	_	D		/	YY	YY						
Mailing Address 5317 Fruitville Rd #102						12	ľ		9			019						
City Sarasota	State FL	Zip Code 34232				FEC Id	entil	icatio	n N	Numbe	er							
Purpose of Disbursement Local Dec Event			0	11		C)6718	_) · 135	1946	1						
Candidate Name Steube, Greg, , Rep.,	Catego Type				y/	Transaction ID : 13519461 Amount of Each Disbursement this Period												
	ement For:	2020				1000.00												
Senate x President	Primary Other (spe	General				_		<u>,</u>	Lo	cal De	ec Eve	ent						
State: FL District: 17		<i>j)</i> ¥				Me	mo	Item										
SUBTOTAL of Disbursements This Page (optional)					•			-				3000.00						
TOTAL This Period (last page this line number only	/)							,		. ,								

	CHEDULE B (FEC Form 3X)		arate schedule(s)					NUMBER: PAGE 197 OF 199											
IT	EMIZED DISBURSEMENTS	for each	category of the	(C	hec	k on 21b	only one) 1b 22 🗶 23 26 27												
		Detailed Summary Page				28a		28b	-	28	С		29	-	30b				
	y information copied from such Reports and State for commercial purposes, other than using the na																		
\square	NAME OF COMMITTEE (In Full)	-																	
	Health Underwriters Political Actio	n Comm	ittee																
Α.	Full Name (Last, First, Middle Initial) Hudson For Congress						Date o	of Di	sbui	ser	ment								
	Mailing Address PO Box 5053							12		D	09		Y)19				
	City Concord	State NC	Zip Code 28027					FEC I	denti	ficat	ion	Nun	nber						
	Purpose of Disbursement Future 2020 Event			(011	٦		С	1	0504	1	1.0	351	9464					
	Candidate Name				egoi		Transaction ID : 13519464 Amount of Each Disbursement this Period												
	Hudson, Richard, L., Rep., Jr. Office Sought: x House Disburse	ment For: 2	2020	Т	ype		-	- T			1			1	000.00				
	Senate President		General				Future 2020 Event Memo Item												
	State: NC District: 08	4							01110	1101									
в.	Full Name (Last, First, Middle Initial) Ann Wagner For Congress							Date o											
	Mailing Address PO Box 50							12			09		Y)19				
	City Ballwin	State MO	Zip Code 63022				FEC Ider			ficat	ion	Nun	nber	_					
	Purpose of Disbursement Future 2020 Event				011	1				C00495846 Transaction ID : 13519465									
	Candidate Name Wagner, Ann, , Rep.,				egoi ype			Amount of Each Disbursement this Pe											
		ment For:	2020	- 1	ype		-		000.00										
	Senate X	1	General							,	F	uture	, e 20	20 E	vent				
	State: MO District: 02	Other (spec	cify)					Memo Item											
C.	Full Name (Last, First, Middle Initial) Bilirakis For Congress							Date o	of Di	sbui	ser	ment							
	Mailing Address PO Box 606						12 / D D / Y Y Y Y 12 09 2019												
	City Tarpon Springs	State FL	Zip Code 34688				FEC Identification Number							_					
	Purpose of Disbursement Future 2020 Event			(011	٦		C C00408534 Transaction ID : 13519466											
	Candidate Name Bilirakis, Gus, M., Rep.,	_			egoi ÿpe			Amount of Each Disbursement this Period							this Period				
		ment For: 2						1000.00											
	State: FL District: 12	President Other (specify)						M	emo	Iter		Futur	e 20	20 E	vent				
								_	-	-	-	-	-	-					
s	UBTOTAL of Disbursements This Page (optional).							Ŀ	-	-	÷	-	-	-	3000.00				
т	OTAL This Period (last page this line number only	/)				•				9			9						

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	-	LINE	E NUMBER: PAGE 198 OF 199													
11	EMIZED DISBURSEMENTS		category of the Summary Page		21b 28a	22 28b		23 28c	26 29		27 30b								
	y information copied from such Reports and State for commercial purposes, other than using the na																		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee																
Α.	Full Name (Last, First, Middle Initial) Common Values PAC				Date of	f Dis	burse		YY	YY									
	Mailing Address 1020 North Fairfax St Suite 201		1			12		0	Ð	_2	019								
	City Alexandria	State VA	Zip Code 22314			FEC Id	entifi	catior	Numbe	r									
	Purpose of Disbursement 12/12 Lunch			011		C C00442368													
	Candidate Name			Catego Type		Transaction ID : 13519467 Amount of Each Disbursement this Period													
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ⊂		1000.00 12/12 Lunch														
	State: District:		- ,, ,			Me	emo I	Item											
в.	Full Name (Last, First, Middle Initial) McEachin For Congress Mailing Address PO Box 7020			Date of 12		burse	D /		019										
	City Richmond Purpose of Disbursement	State VA	Zip Code 23221				EC Identification Number												
	12/12 Breakfast Candidate Name McEachin, A. Donald, , Rep.,			011 Catego Type	ory/	Tra	this Period												
		ement For: Primary Other (spe	2020 General cify)			1000.00 12/12 Breakfast Memo Item													
C.	Full Name (Last, First, Middle Initial) Promoting Our Republican Team	PAC				Date of	f Dis	burse		Y Y	YY								
	Mailing Address 8331 LITTLE HARBOR DRIVE					12		1			019								
	City CINCINNATI Purpose of Disbursement	ement State Zip Code 45244-2768						8 FEC Identification Number											
	12/11 Lunch Candidate Name						Transaction ID : 13520360 Amount of Each Disbursement this Period												
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	Туре		Me	emo l		12/11 Lu	1	2500.00									
⊢	UBTOTAL of Disbursements This Page (optional). OTAL This Period (last page this line number only							, ,			4500.00								

	HEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE										
T 	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b									
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee											
	Full Name (Last, First, Middle Initial)													
	Walorski For Congress Inc				Date of Disbursement									
	Mailing Address PO Box 954				12 11 2019									
	City Mishawaka	State IN	Zip Code 46546		FEC Identification Number									
	Purpose of Disbursement 12/19 Lunch			011	C C00468579									
	Candidate Name Walorski, Jackie, , Rep.,			Category/ Type	Transaction ID : 13520363 Amount of Each Disbursement this Period									
	Office Sought: 🗶 House Disburse Senate 🗶	-	General	Туре	1000.00									
	State: IN District: 02	Other (spe	cify) 🔻		Memo Item									
В.	Full Name (Last, First, Middle Initial) Rounds For Senate Mailing Address, BO Day 959				Date of Disbursement									
	Mailing Address PO Box 250				12 11 2019									
	City Pierre	State SD	Zip Code 57501		FEC Identification Number									
	Purpose of Disbursement 12/18 Lunch Candidate Name			011	C C00532465 Transaction ID : 13520364									
	Rounds, Mike, , Sen.,			Category/ Type	Amount of Each Disbursement this Period									
	Office Sought: House Disburse X Senate President	ment For: Primary Other (spe	2020 X General cify)		1000.00 12/18 Lunch Memo Item									
	State: SD District: Full Name (Last, First, Middle Initial)													
C.	Steve Daines For Montana				Date of Disbursement									
	Mailing Address PO Box 1598				12 / D D / Y Y Y Y 12 11 2019									
	City Helena	State MT	Zip Code 59624		FEC Identification Number									
	Purpose of Disbursement Future 2020 Event Candidate Name			011 Category/	C C00491357 Transaction ID : 13520365 Amount of Each Disbursement this Period									
	Daines, Steven, , , Office Sought: House Disburse	ement For:	2020	Туре	1000.00									
	XSenatePresident	Primary Other (spe	General		Future 2020 Event Memo Item									
Г	State: MT District:													
s	UBTOTAL of Disbursements This Page (optional).			•••••	3000.00									
Т	OTAL This Period (last page this line number only	/)		••••••	, 24500.00									