FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				(Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
Health Underwriters Politi	cal Action Commit	t ee			
ADDRESS (number and street)	212 New York Ave				
▼ S	Suite 1100				
Check if different than previously reported. (ACC)	Washington				20005
2. FEC IDENTIFICATION NUMB		Y▲	S		ZIP CODE
C C00283135			IEW N) OR	× AME (A)	NDED
4. TYPE OF REPORT (Choose One)	Report	20 (M2)	May 20 (M5)	Aug 20) (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			lun 20 (M6)	Sep 20	D (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Overterly Benert (O1)	Apr	20 (M4)	lul 20 (M7)	Oct 20	(M10) Jan 31 (YE)
Quarterly Report (Q1)	(C) 12-Day PRE-Election	Primary (12P)	General (12	2G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12	(S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Electio	n on	D D /	Y Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (300	à)	Runoff (30F	R) Special (30S)
Termination Report (TER)	Report for the:	M = M /	D D /	Y Y Y Y Y Y	in the
	Electio	n on			State of
5. Covering Period 02	/ D D / Y Y Y 01 2018	through	M M 02	/ D D / 28	Y Y Y Y 2018
I certify that I have examined this R		my knowledge and b	pelief it is true	e, correct and o	complete.
Type or Print Name of Treasurer	/lurphy, Jennifer, , ,				
Signature of Treasurer	ennifer, , ,	[Electronically	Filed] Da	ate 04	/ D D / Y Y Y Y 10 2018
NOTE: Submission of false, erroneous	, or incomplete information	n may subject the pers	son signing thi	s Report to the	penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

04/10/2018 16 : 41

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	OF FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
ł	Health Underwriters Political Action	Committee	
R	Report Covering the Period: From: 02	To:	02 / D D / Y Y Y Y 02 28 2018
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		340873.40
	(b) Cash on Hand at Beginning of Reporting Period	342133.01	
	(c) Total Receipts (from Line 19)	87774.50	137030.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	429907.51	477903.40
7.	Total Disbursements (from Line 31)	65521.57	113517.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	364385.94	364385.94
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
		Calendar Tear-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees		
(i) Itemized (use Schedule A)	47080.00	57709.00
(ii) Unitemized	40694.50	79321.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	87774.50	137030.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	87774.50	137030.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds 	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	87774.50	137030.00
1∠, 10, 1 1 , 10, 10, 17, and 10(0)/	01114.30	137030.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	87774.50	137030.00
		137030.00

87774.50 ÷. -7

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendal Teal-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2437.57	3679.4
(c) Total Operating Expenditures		3679.4
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	2437.57	
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	63000.00	106500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	84.00	3338.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	84.00	3338.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	47. 47. 48.	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65521.57	113517.40
Total Federal Disbursements	00021.07	113017.44
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	65521.57	113517.46

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
 Total Contributions (other than loans) (from Line 11(d), page 3) 	87774.50	137030.00					
 Total Contribution Refunds (from Line 28(d)) 	84.00	3338.00					
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87690.50	133692.00					
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	2437.57	3679.46					
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00					
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2437.57	3679.46					

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

Amending report for missing disbursement. 2/22 Friends of Dave Joyce, \$2000.00

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

IT.	Use separate schedule(s)		(cł	heck only one)											
	EMIZED RECEIPTS for each category of the Detailed Summary Page			X 11a		11b	11c	12							
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	NAME OF COMMITTEE (In Full)	name and a	duress of any political committe	eios	SOLICIT COL		utions	ITOTTI SUC		ee.					
\rangle	Health Underwriters Political Ac	tion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address PO Box 629	- 1			02 01 Y Y Y Y Y 02 01 2018										
	City Roanoke	State VA	Zip Code 24004-0629					1175658 Receipt th	33 nis Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>				300.0	00					
	Name of Employer (for Individual) D&S Agency	Occi Broł	upation (for Individual) Ker		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]											
в.	Full Name of Individual (Last, First, Middle Init Mann, Michael, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 110 Veterans Memorial Blvd Ste 200			02 02 Y Y Y Y 02 02 02 2018											
	City Metairie	State LA		Transaction ID : 11758024 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		1000.00											
	Name of Employer (for Individual) Eustis Benefits, LLC	Occ		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]											
<u> </u>	Full Name of Individual (Last, First, Middle Init Garcia, Stephanie, L., ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 1204 Central Avenue SW				02 02 / Y Y Y Y 02 02 02 2018										
	City Albuquerque	State NM	Zip Code 87102-2803				-	117585 Receipt th	11 nis Period						
	FEC ID number of contributing federal political committee.	С		<u> </u>		,	9	500.0	00						
	Name of Employer (for Individual) Linton & Associates	Occi Brok		Me	ema	ltem									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1											
s	UBTOTAL of Receipts This Page (optional)			•			, .		1800.0	0					
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 8 OF

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	y information copied from such Reports and State for commercial purposes, other than using the na							Jrp		se of	sol		cont			
<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Actic															
	Full Name of Individual (Last, First, Middle Initial)															
Α.	Gussin, Craig, , ,				_	Date	of F	Red	cei	pt						
	Mailing Address 701 Palomar Airport Road #260 	State		Zip Code	02 05 2018 Transaction ID : 11758549											
	Carlsbad	CA		92011-1047								pipt thi		riod		
	FEC ID number of contributing federal political committee.	С							,			, pt th		170.0	0	
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occi Brol	•	ion (for Individual)			Men	no	lte	əm						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 340.00												
В.	Full Name of Individual (Last, First, Middle Initial) Kestran, Craig, J., ,	or Full O	Drgar	nization Name		Date	of F	Red	cei	pt						
	Mailing Address 500 W. 36th Ave., Ste 300					[™] 02		/	ľ	05	1	/ Y	y 201	ү 8	Y	
	City Anchorage	State AK		Zip Code 99503-5805					-			259176 Pipt thi		riod		
	FEC ID number of contributing federal political committee.	C							,			-1	;	365.0	0	
	Name of Employer (for Individual) Insurance Brokers of Alaska	Occ Bro	•	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 365.00												
С.	Full Name of Individual (Last, First, Middle Initial) Webb, Charles, A., ,	or Full O	Drgar	nization Name		Date	of F	Red	cei	pt						
	Mailing Address 2670 Electric Rd					[™] 02		/	ľ	06]	/ Y	ү 201	8 ^Y	Y	
	City Roanoke	State VA		Zip Code 24018-3511								7 5918 eipt thi		riod		
	FEC ID number of contributing federal political committee.	С				<u> </u>			9			9	2	250.0	0	
	Name of Employer (for Individual) Innovative Insurance Group	Occi Brok			Men	no	lte	em								
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00														
s	UBTOTAL of Receipts This Page (optional)								7		1	,	7	785.0	0	
т	OTAL This Period (last page this line number only	y)			-				-			-				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 1						
			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 Political	Action Com	mittee							
Full Name of Individual (Last, First, Middl A. Dowd, Joseph, F., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10000 Midlantic Dr. #301	West		02 06 / Y Y Y Y 2018						
City Mount Laurel	State NJ	Zip Code 08054-1520	Transaction ID : 11765692 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		2000.00						
Name of Employer (for Individual) Kistler Tiffany Benefits	Occ Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
Full Name of Individual (Last, First, Middl B. Mellendorf, George, Albert, ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3501 Del Prado Suite 205			02 01 2018						
City Cape Coral	State FL	Zip Code 33904-7211	Transaction ID : 11766308 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		365.00						
Name of Employer (for Individual) Central States Ins Serv, Inc	Occ Age	upation (for Individual) ent	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) V		365.00							
Full Name of Individual (Last, First, Middl C. Deagle, Michael, P., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 935 National Parkway Suite 93550	01-1-	Zie Octo	02 / D D / Y Y Y Y 08 / 2018						
City Schaumburg	State IL	Zip Code 60173-5150	Transaction ID : 11767995 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer (for Individual) BenAxis Inc.	Occ Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Primary General General								
SUBTOTAL of Receipts This Page (optiona	l)		2565.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) ____

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

177				se separate schedule(s)	(ch	eck onl									
111	EMIZED RECEIPTS			r each category of the etailed Summary Page		4 11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the								f solicitir	ng con	tributio	ons			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mitt	ee											
Α.	Full Name of Individual (Last, First, Middle Initi Pendergraft, Ross, W., ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt							
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300				02 08 2018										
	City Woodland Hills	State CA		Zip Code 91367-6476					: 117679 Receipt		eriod				
	FEC ID number of contributing federal political committee.	С			85.00										
	Name of Employer (for Individual) Leavitt Group	Occu Brok		n (for Individual)		М	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 295.00											
в.	Full Name of Individual (Last, First, Middle Initi Sterner, Heidi, J., ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt							
	Mailing Address 7881 W Charleston Blvd Suite	140				02 11 2018									
	City Las Vegas	State NV	4	Zip Code 89117-8326	_				117805 Receipt		eriod				
	FEC ID number of contributing federal political committee.	C	C					30.00							
	Name of Employer (for Individual) Leavitt Group Benefits Services		•	on (for Individual) e Consultant		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 210.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Jetter, Art, , ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt							
	Mailing Address 11305 Chicago Circle					02	/	D 12		^Y 20 ⁷					
	City Omaha	State NE		Zip Code 68154-2633				-	: 11780 Receipt		eriod	_			
	FEC ID number of contributing federal political committee.	ě l				<u> </u>		, .		5	000.00)			
	t Jetter & Company Broker		•	n (for Individual)		М	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 5000.00											
s	UBTOTAL of Receipts This Page (optional)			••••••						5	115.00)			
т	OTAL This Period (last page this line number o	nly)			-	—		, ,							

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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	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	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 Harrison, Susan, C., ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 4400 Old Canton Road,	1		02 / D D / Y Y Y Y 2018											
City Jackson	State MS	Zip Code 39211-5992	Transaction ID : 11780588 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		365.00											
Name of Employer (for Individual) The William Morris Group, P.A. Receipt For:	Prin	upation (for Individual) cipal	Memo Item											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00]											
Full Name of Individual (Last, First, Mide B. Munger, David, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3312 W. Magistrate Loo			02 13 / Y Y Y Y 2018											
City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 11780618 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		100.00											
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 ▼ 250.00]											
Full Name of Individual (Last, First, Mide C. Grava, A. Andra, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 40 E. McDermott			02 13 / Y Y Y Y 2018											
City Allen	State TX	Zip Code 75002-2802	Transaction ID : 11780627 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		170.00											
Name of Employer (for Individual) The DI Center	Occi Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]											
SUBTOTAL of Receipts This Page (option	al)		635.00											
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:

(check only one)

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	EMIZED RECEIPTS			Detailed Summary Page	×	11a		111	b	11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Health Underwriters Political Ac	tion Com	nmi	ttee										
Α.	Full Name of Individual (Last, First, Middle Ini Brummitt, Robert, B., ,	tial) or Full C	Orgar	nization Name		Date of Receipt								
	Mailing Address 755 Falcon Lane Suite 200					02 ^M	1	L	13	/ Y	20)18	Y	
	City Coppell	State TX		Zip Code 75019-4160						178082				
	FEC ID number of contributing federal political committee.	С			/	Amount	t ot	Ead	ch Re	ceipt th	nis P	eriod 365.0	0	
	Name of Employer (for Individual) AG Insurance Agencies		•	ion (for Individual) ng Partner		Me	emo	o Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 377.00										
в.	Full Name of Individual (Last, First, Middle Ini Stewart, Edward, W., ,	tial) or Full C	Drgar	nization Name		Date of	Re	ecei	pt					
	Mailing Address 1248 Springfield Pike				02 13						ү 20	т 18	Y	
	City	State		Zip Code	-			-		178085	-			
	Cincinnati	ОН	_	45215-2142		Amount	t of	Ead	ch Re	ceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					_	-	-			365.0	0	
	Name of Employer (for Individual) Ted Marty & Associates		•	tion (for Individual) ce Agent		Me	emo	o Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.00										
С.	Full Name of Individual (Last, First, Middle Ini Brummitt, Robert, B., ,	tial) or Full C	Drgar	nization Name		Date of	Re	ecei	pt					
	Mailing Address 755 Falcon Lane Suite 200					02	1		D D D 15	/ Y		18 [°]	Y	
	City Coppell	State TX		Zip Code 75019-4160						181858 ceipt th		eriod		
	FEC ID number of contributing federal political committee.	С						,		y		12.0	0	
	Name of Employer (for Individual) AG Insurance Agencies Receipt For:	Mar	nagir	ion (for Individual) ng Partner		M	emc	o Ite	em					
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 389.00										
	UBTOTAL of Receipts This Page (optional)				-		-	,		,	-	742.0	0	

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

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
			person 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 Owens, David, Patrick, ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 101 Eisenhower Parkwa Second Floor			02 / D D / Y Y Y Y 02 16 2018
City Roseland	State NJ	Zip Code 07068-1032	Transaction ID : 11819002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) E.B. Cohen & Co., Inc.		upation (for Individual) Icipal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]
Full Name of Individual (Last, First, Mido B. Kaiser, Andrew, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address P. O. Box 3858			02 18 2018
City Hickory	State NC	Zip Code 28603-3858	Transaction ID : 11819162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		315.00
Name of Employer (for Individual) Broome Associated Insurance Agency		upation (for Individual) ector of Health & Benefits	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]
Full Name of Individual (Last, First, Mido C. Griffey, Don, R., ,	lle Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 56294 Prim Rose Circle			02 / D D / Y Y Y Y 02 22 2018
City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 11859491 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Hailey-Campbell, Inc	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 60.00]
SUBTOTAL of Receipts This Page (option	al)		430.00
TOTAL This Period (last page this line nu	mber only)		

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11			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g cont	tributio	ons			
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Wilson, Thomas, R., ,	al) or Full O	organization Name		Date of Receipt									
	Mailing Address 701 Lamar				02 ^M	/	23) / Y	۲ 202	18	Y			
	City Wichita Falls	State TX	Zip Code 76301-6824					1186174 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>					170.00	0			
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occu Brok	upation (for Individual) ker		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00											
в.	Full Name of Individual (Last, First, Middle Initia Rash, Susan, Maley, ,	al) or Full O	organization Name		Date of	Re	eceipt							
	Mailing Address 2108 West Laburnum Avenue, S				02	201	8	Ŷ						
	City Richmond	State VA	Zip Code 23227-4300					1186177	-					
	FEC ID number of contributing federal political committee.	C				. 01		Receipt th	-	120.00	0			
	Name of Employer (for Individual) BB&T Benefit Consultants of Virginia,	Occi Brol	upation (for Individual) ker		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
С.	Full Name of Individual (Last, First, Middle Initia Rice, Russell, Lee, ,	al) or Full O	organization Name		Date of	Re	eceipt							
	Mailing Address 8000 IH-10 West, # 715				02 ^M	1	23		ү 201		Y			
	City San Antonio	State TX	Zip Code 78230-3880	_				1186177 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	9	_	85.0	0			
	Name of Employer (for Individual) AVESIS, Inc.	Occu Brok	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	, , , , , , , , , , , , , , , , , , ,	;	375.00	0			
т	OTAL This Period (last page this line number or	nly)		-				1.45						

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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 Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle A. Tellesbo-Kembel, Marsha, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1001 4th Avenue, Suite 32	200		02 23 2018								
City Seattle	State WA	Zip Code 98154-1003	Transaction ID : 11861777 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) Tellesbo & Company	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00]								
Full Name of Individual (Last, First, Middle B. Howard, Michelle, S., ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 2850 West Grand Bouleva	ird		02 / D D / Y Y Y Y 23 / 2018								
City Detroit	State MI	Zip Code 48202-2643	Transaction ID : 11861802 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Health Alliance Plan	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date V	-								
Other (specify) V		170.00									
Full Name of Individual (Last, First, Middle C. Embry, Michael, A., ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 26555 Evergreen Road Suite 535	State	Zin Code	02 / 23 / 2018								
City Southfield	MI	Zip Code 48076-4213	Transaction ID : 11861804 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		415.00								
Name of Employer (for Individual) Comprehensive Benefits	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 830.00]								
SUBTOTAL of Receipts This Page (optional)		670.00								
TOTAL This Period (last page this line numl	ber only)										

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•••	EMIZED RECEIPTS			r each category of the etailed Summary Page		X	11a 12		-	111 1 / 1	י [11c		12	4 →
	y information copied from such Reports and State for commercial purposes, other than using the nar								rpo							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comi	mit	tee												
Α.	Full Name of Individual (Last, First, Middle Initial) Fracchia, Anthony, , , Mailing Address 30600 Telegraph Rd	or Full Or	Date of Receipt													
	Suite 1225	State		Zip Code	_	ļ	02		lio	L	24		86208	2	018	Ŷ
	Bingham Farms	MI		48025-5701									eipt th		eriod	
	FEC ID number of contributing federal political committee.	C				l			_	,	_		-		500.	00
	Name of Employer (for Individual) Altruis Benefits Consulting	Occu Brok	•	on (for Individual)			М	emo	0	lte	m					
	Receipt For: A Primary General Other (specify) ▼ Image: Control of the second sec	ggregate `	Year	-to-Date ▼ 500.00												
В.	Full Name of Individual (Last, First, Middle Initial) Sokol, David, , ,	or Full Or	rgan	zation Name		D	ate o	f Re	ec	eip	ot					
	Mailing Address 901 Wilshire Drive Suite 300					l	^M 02	/	'	D	25]	/ Y)18	Y
	City Troy	State MI		Zip Code 48084-5611									86211 eipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С	170.00													
	Name of Employer (for Individual) Wilshire Benefits Group Inc	Occu Brok		ļ	M	emo	0	Ite	m							
	Receipt For: A Primary General Other (specify) ▼ I	ggregate `	Year	-to-Date ▼ 340.00												
с.	Full Name of Individual (Last, First, Middle Initial) Katz, Alan, S., ,	or Full Or	rgan	zation Name		D	ate o	f Re	ec	eip	ot					
	Mailing Address 8033 Sunset Blvd., #982					ľ	^M 02	/	'		25		/ Y)18 [°]	Y
	City Los Angeles	State CA		Zip Code 90046-2401		A							86212 eipt th		eriod	
	FEC ID number of contributing federal political committee.	С				ļ			,	,	_		J		1000.	00
	Name of Employer (for Individual) Alan Katz Group	Occu Broke	•	on (for Individual)			Μ	emo	0	lte	m					
	Receipt For: A Primary General Other (specify)	ggregate `	Year	-to-Date ▼ 1000.00												
	UBTOTAL of Receipts This Page (optional)				_	ľ	-	-	,	1	+	-	9	-	1670.	00

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			Detailed Summary Page	×	11a		11	1b	11c	;	12		
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	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia (Wooden) Lovincey, Rebecca, L., ,	l) or Full O	organization Name		Date of Receipt								
	Mailing Address 201 NE Park Plaza Dr #293				м м 02	/	Γ	26	/		y 2018	Y	
	City	State	Zip Code		Trans	act	ior	n ID :	11862	127			
	Vancouver	WA	98684-5881		Amount	t of	Ea	ach R	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С					-		· · ·		30.	00	
	Name of Employer (for Individual) AIMEA Insurance, Inc.	Occ Age	upation (for Individual) ent		M	emc	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 60.00]									
В.	Full Name of Individual (Last, First, Middle Initia Drysdale, Sam, , ,	l) or Full O	Prganization Name		Date of	f Re	ece	eipt					
	Mailing Address P.O. Box 8222				^M 02	/	ſ	D D 26	/	2	2018	Y	
	City Springfield	State MO	Zip Code 65801-8222		Transaction ID : 11862129 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			<u>_</u> .		-				42	00	
	Name of Employer (for Individual) Mercy Health Plans	Occ Bro	upation (for Individual) ker		M	emc	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Furr, Kenneth, , ,	l) or Full O	Prganization Name		Date of	f Re	ece	eipt					
	Mailing Address 2786 Danbury Ct				м м 02	/	ſ	D D 26	1		2018	Y	
	City Reno	State NV	Zip Code 89523-2259		Trans Amount				11862 eceipt		Period		
	FEC ID number of contributing federal political committee.	С					9		. ,		30.	00	
	Name of Employer (for Individual) Menath Insurance Agency	Occi Brok	upation (for Individual) ker		M	emo	o It	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]									
s	UBTOTAL of Receipts This Page (optional)						,		,		102.	00	
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Detailed Summary Page

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	pied from such Reports purposes, other than usir											
	/MITTEE (In Full)	<u> </u>										
	derwriters Politica	al Action Com	mittee									
Full Name of In A. Munger, Dav	idividual (Last, First, Mido	dle Initial) or Full O	rganization Nam	е	Date of Receipt							
Mailing Address	3312 W. Magistrate Loo	p				02	/	Γ	26	/ Y	Y Y 2018	Y
City		State	Zip Code			Trans	acti	ion	ID : 1	186215	9	
Hayden		ID	83835-50	19		Amoun	t of	Ea	ich Re	ceipt th	nis Period	
FEC ID number federal political	Ũ	С						-		-9	50.	00
Munger Insuran	yer (for Individual) ce	Occ Brol	upation (for Individer	vidual)		М	emc	o Ite	em			
Receipt For:		Aggregate	Year-to-Date 🔻									
Primary Other (spe	General ecify) ▼			300.00]							
Full Name of In B. Rider, Susa	ndividual (Last, First, Mido In, M., ,	dle Initial) or Full O	rganization Nam	e		Date of	f Re	ecei	ipt			
Mailing Address	803 Touralosa Dr					02						
City		State	Zip Code			Trans	acti	ion	ID : 1	186216	0	
Westfield		IN	46074-730	03		Amoun	t of	Ea	ich Re	ceipt th	nis Period	
FEC ID number federal political	Ũ	С									300.	00
Name of Emplo Gregory & Appe	oyer (for Individual) I Insurance	Occ Bro	upation (for Individent	vidual)		М	emc	o Ite	em			
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼	363.00	1							
	ndividual (Last, First, Mido	dle Initial) or Full O	rganization Nam	e	-							
C. Schiebel, A Mailing Address	 C., , 200 Sandy Springs Pl., ; 	# 300A				Date of			1pt 26	/ Y	2018	Y
City		State	Zip Code			Trans	sact	tion	1D : 1	186216	j2	
Atlanta		GA	30328-385	4		Amoun	t of	Ea	ich Re	ceipt th	nis Period	
FEC ID number federal political	J	C				<u> </u>		y		,	150.	00
Schiebel & Asso	yer (for Individual) ociates, LLC dba Shopber		upation (for Indiver	vidual)		М	emo	o Ite	em			
Receipt For: Primary Other (spo	General General	Aggregate	Year-to-Date ▼	240.00]							
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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 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. Smith, Nathaniel, M., ,		Date of Receipt									
Mailing Address 5200 77 Center Drive,	Suite 125		02 26 2018								
City Charlotte	State NC	Zip Code 28217-0712	Transaction ID : 11862163 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		165.00								
Name of Employer (for Individual) Rogers Benefit Group	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]								
Full Name of Individual (Last, First, Mic B. Files, Pamela, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address P.O. Box 1490			02 26 Y Y Y Y Y 02 26 2018								
City Jackson	State MS	Zip Code 39215-1490	Transaction ID : 11862167 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual) Fisher Brown Bottrell Insurance Agency	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
Full Name of Individual (Last, First, Mic Crandall, Lori, , ,	•	rganization Name	Date of Receipt								
Mailing Address 2375 E Camelback Rd Suite 250		Zin Oode	02 / D D / Y Y Y Y 26 / 2018								
City Phoenix	State AZ	Zip Code 85016-3491	Transaction ID : 11862171 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) USI Insurance Services, LLC Receipt For:	Vice	upation (for Individual) President	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1125.00]								
SUBTOTAL of Receipts This Page (optio	nal)		2165.00								
TOTAL This Period (last page this line n	umber only)										

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		111 14		11c 15	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the									soliciting	g contribu	tions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee											
Α.	Full Name of Individual (Last, First, Middle Initi James, Keith, A., , Mailing Address 6750 Poplar Avenue, Suite 208	-	Drgar	nization Name		ate o	f Re	eceip		/ Y	YYY	Y			
	City	State		Zip Code		02 Trans	acti	ion	26 ID : 1	186217	2018 '3				
	Memphis FEC ID number of contributing federal political committee.	TN C		38138-7414	A	moun	t of	Ead	ch Re	eceipt th	nis Period 875.	_			
	Name of Employer (for Individual) The James Group, LLC	Occ	•	tion (for Individual)	1	М	emo) Ite	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 950.00											
В.	Full Name of Individual (Last, First, Middle Initi McPike, Christine, , , Mailing Address 1040 N. Cotner Blvd.	al) or Full C	Drgar	nization Name		ate o	f Re	ceip	D	/ Y	Y Y	Y			
	City Lincoln	State NE		Zip Code 68505-2229		02 26 2018 Transaction ID : 11862177 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С									925.	00			
	Name of Employer (for Individual) Compensation Programs, Inc.			tion (for Individual) esident		М	emo	b Ite	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 925.00											
с.	Full Name of Individual (Last, First, Middle Initi McPike, Brian, K, ,	al) or Full C	Drgai	nization Name		ate o	f Re	eceip	ot						
	Mailing Address 1040 N. Cotner Blvd.					^M 02			26	/ Y	2018	Y			
	City Lincoln	State NE		Zip Code 68505-2229	A					1186217 eceipt th	78 nis Period				
	FEC ID number of contributing federal political committee.	С			ļ			y		9	350.	00			
	Name of Employer (for Individual) Compensation Programs, Inc. Receipt For:	Occ Brok	•	ion (for Individual)		M	emo	o Ite	em						
	Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 350.00											
s	UBTOTAL of Receipts This Page (optional)			•				y		, ,	2150.	00			
т	OTAL This Period (last page this line number o	nly)						-							

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			for each category of the Detailed Summary Page	×	11 10			1 [.]	1b 4		11c 15	12	17
	y information copied from such Reports and s for commercial purposes, other than using the				for	the		po	se of	sol	liciting	contribu	tions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee										
A.	Full Name of Individual (Last, First, Middle In Cochran, Stacy, , , Mailing Address 2131 Fawkes Lane	itial) or Full O	Date of Receipt									y y 2018	Ŷ
	City	State	Zip Code		_		act	ior	_	118	862184		
	Roanoke	ТХ	76262-9048		Am	ount	t of	Ea	ach F	Rece	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				Ξ		7			-7	365.	00
	Name of Employer (for Individual) Caprock Health Group Receipt For:	Brol				M	emo	o It	tem				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	1									
в.	Full Name of Individual (Last, First, Middle In Cummings, William, , ,	iitial) or Full O	rganization Name		Dat	e of	f Re	ece	eipt				
	Mailing Address 6325 Digital Way Ste 160					02	1	l	D 26		/ Y	y y 2018	Y
	City Indianapolis	State IN	Zip Code 46278-1692								362187 eipt thi	7 is Period	
	FEC ID number of contributing federal political committee.	С			215.0							00	
	Name of Employer (for Individual) Pathfinder Insurance Training		upation (for Individual) sident			M	emo	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00										
<u></u> с.	Full Name of Individual (Last, First, Middle In Hill, Donna, D., ,	iitial) or Full O	rganization Name		Dat	e of	f Re	ece	eipt				
	Mailing Address 2905 Premiere Parkway Suite 285					02 [™]	1	l	D 26		/ Y	ү ү 2018	Y
	City Duluth	State GA	Zip Code 30097-5246								86218	8 s Period	1
	FEC ID number of contributing federal political committee.	С						,			,	75.	00
	Name of Employer (for Individual) E2E Benefits Services Inc	Occi Brok	upation (for Individual) ser			M	emo	o li	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00	1									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		-	_	7		-	5	655.	00
т	OTAL This Period (last page this line number	only)		•							-		

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ITEMIZED RECEIPTS		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	I Action Com	mittee	
Full Name of Individual (Last, First, Mide A. Weber, Peter, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 20 N Michigan Avenue Suite 500			02 26 2018
City Chicago	State IL	Zip Code 60602-4811	Transaction ID : 11862193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) United Benefit Advisors	Occ CEC	upation (for Individual) D	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name of Individual (Last, First, Mide B. Stedt, Margaret, Evelyn, ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 486 Calle Amigo			02 26 Y Y Y Y Y 02 26 2018
City San Clemente	State CA	Zip Code 92673-3003	Transaction ID : 11862195
FEC ID number of contributing federal political committee.	С	92073-3003	Amount of Each Receipt this Period
Name of Employer (for Individual) Stedt Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 185.00]
Full Name of Individual (Last, First, Mide Lovich, Cathryn, Robin, ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5520 Greenwich Road Suite 106			02 / 26 / Y Y Y Y 26 2018
City Virginia Beach	State VA	Zip Code 23462-6541	Transaction ID : 11862196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Gardner Insurance Services	Occi Brok	upation (for Individual) eer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (option	al)		1100.00
TOTAL This Period (last page this line nu	mber only)		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b	-	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					or the		oose		soliciting	contribu	itions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mi	ttee								
Α.	Full Name of Individual (Last, First, Middle Initia Henehan, Joseph, E., , Mailing Address 685 Carnegie Dr., Ste. #205	l) or Full O	rgar	nization Name		Date of	FRe	D	ot 26	/ Y	ү ү 2018	Ŷ
	City San Bernardino	State CA		Zip Code 92408-3550	A			-		1186219 eceipt th	7 is Perioc	
	FEC ID number of contributing federal political committee.	С				_		7	_	-	75	.00
	Name of Employer (for Individual) The Henehan Company	Occu Brok	•	ion (for Individual)		M	emo	Iter	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 160.00								
в.	Full Name of Individual (Last, First, Middle Initia Deagle, Michael, P., ,	l) or Full O	rgar	nization Name	C	ate of	Re					
	Mailing Address 935 National Parkway Suite 93550 City Schaumburg FEC ID number of contributing federal political committee.	State IL		Zip Code 60173-5150				on II		/ Y 1186221: ecceipt th	2018 3 is Perioc 250	_
	Name of Employer (for Individual) BenAxis Inc. Receipt For:	Brol	ker	tion (for Individual)		M	emo	Iter	n			
	Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 650.00								
с.	Full Name of Individual (Last, First, Middle Initia Schmidt, Kenneth, L., ,	l) or Full O	rgar	nization Name		ate of	Re	ceip	t			
	Mailing Address 1332 Hunters Hollow Court	State		Zip Code	- [02 Trans	/		26	/ Y 1186221	2018	Y
	Eureka	MO		63025-1051	A			-			is Perioc	
	FEC ID number of contributing federal political committee.	С			ļ			7	_	, <u>,</u>	175	.00
	Name of Employer (for Individual) Sonus Benefits	Occu Brok	•	ion (for Individual)		M	emo	lter	n			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)			••••••	[y		. ,	500.	00
т	OTAL This Period (last page this line number or	ıly)		▶	_ [-				

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 that	orts and Statements may not be sold or used by any pe n using the name and address of any political committee	
NAME OF COMMITTEE (In Full) Health Underwriters Pol	itical Action Committee	
Full Name of Individual (Last, First, Goldmann, Donald, W., , Mailing Address 8502 East Chapma	Middle Initial) or Full Organization Name	Date of Receipt
Suite 168	State Zip Code	02 26 2018 Transaction ID : 11862217
Orange	CA 92869-2461	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	415.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	415.00	
Full Name of Individual (Last, First, Bechtold, Annette, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 148 Stone Cliff Tra		02 27 Y Y Y Y 02 27 2018
City Cleveland	StateZip CodeGA30528	Transaction ID : 11862247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.00
Name of Employer (for Individual) OneDigital	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	
Full Name of Individual (Last, First, C. Mordo, David, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 15 West Main St, F	Route 520	02 / 27 / Y Y Y Y 02 27 2018
City Holmdel	StateZip CodeNJ07733-2105	Transaction ID : 11862250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer (for Individual) SlatteryGA, A division of Arthur J. G	a Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 84.00	
	ptional)	504.00

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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 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. Booth, Neil, A., ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 23901 Calabasas Road,	Suite 2014		M M / D D / Y Y Y Y Y 02 27 2018
City Calabasas	State CA	Zip Code 91302-3307	Transaction ID : 11862254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		63.00
Name of Employer (for Individual) American Marketing Administrators INC		upation (for Individual) ker & CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]
Full Name of Individual (Last, First, Midd B. Johnson, Judy, Anne, ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5581 N Barrasca Ave			02 / D D / Y Y Y Y Y 2018
City Tucson	State AZ	Zip Code 85750-6495	Transaction ID : 11862258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) UnitedHealthcare	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 60.00]
Full Name of Individual (Last, First, Midd C. Starr, Gwyn, M., ,	,	rganization Name	Date of Receipt
Mailing Address 27777 Franklin Rd, Ste		7.0.4	02 / D D / Y Y Y Y 2018
City Southfield	State MI	Zip Code 48034-8282	Transaction ID : 11862267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) PriorityHealth		upation (for Individual) s Manager	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 60.00]
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	EWIZED RECEIPTS			Detailed Summary Page	×	11a		111	b	11c		12	
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	y information copied from such Reports and a for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	ımi	ttee									
A.	Full Name of Individual (Last, First, Middle Ir Frazier, Katherine, M., ,	iitial) or Full C	Drgar	nization Name	[Date of	Re	ecei	pt				
	Mailing Address 19501 NW Krieger Road					м м 02	/		27	/ Y)18	Ŷ
	City Ridgefield	State WA		Zip Code 98642-8542						186227 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	C	_					-		-9-	_	365.0	0
	Name of Employer (for Individual) Frazier Benefits Group		•	ion (for Individual) and Broker		M	emc	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.00									
B.	Full Name of Individual (Last, First, Middle Ir Morier, Dennis, J., ,	nitial) or Full C	Drgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 601 Abbott St			1		м м 02	1		27	/ Y	ү 20	ү 18	Y
	City Detroit	State MI		Zip Code 48226-2513	A			-		186228 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9-	1	000.0	0
	Name of Employer (for Individual) Results Marketing, Inc.			tion (for Individual) ce Agent		M	emc	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00									
с.	Full Name of Individual (Last, First, Middle Ir Farwell, Blair, , ,	itial) or Full C	Drgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 1501 E. Woodfield Road, Ste	e 110E				^M 02	1		27	/ Y		18 [°]	Y
	City Schaumburg	State IL		Zip Code 60173-4945	A					186228 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С				_		,		y	_	750.0	0
	Name of Employer (for Individual) Resource Brokerage, LLC	Occ Broł	•	ion (for Individual)		M	emo	o Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 750.00									
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PAGE 27 OF

	EMIZED RECEIPTS			ed Summary Page		×	11a		-	1b	11c		12	
	y information copied from such Reports and Stat for commercial purposes, other than using the n									se of :				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action													
A.	Full Name of Individual (Last, First, Middle Initia Oleksiak, Edward, M., ,	l) or Full O	rganizatio	on Name		[Date of	f Re	ece	eipt				
	Mailing Address 12712 Park Central Drive Suite 100						м м 02			D D 27	/ Y		018	Y
	City Dallas	State TX	· · ·	Code 251-1527							118622	-		
	FEC ID number of contributing federal political committee.	С	1.0				Amoun		E	ach Re	eceipt t		1000.	00
	Name of Employer (for Individual) Holmes Murphy & Associates Receipt For: Primary General	Occi Broł Aggregate	ker	or Individual) Date ▼			M	emc	o li	tem				
	Other (specify)			1125.00										
З.	Full Name of Individual (Last, First, Middle Initial Blackford, Stephen, I, ,	I) or Full O	rganizatio	on Name		[Date of	f Re	ece	eipt				
	Mailing Address 11481 Old St. Augustine Rd., # 2	201					м м 02	1	ľ	D D D 27	/ Y) 18	Y
	City Jacksonville	State FL	· · ·	Code 258-1475							186228 eceipt t		Period	
	FEC ID number of contributing federal political committee.	С							,			_	500.	00
	Name of Employer (for Individual) The Blackford Group		upation (urance Ag	for Individual) gent			М	emc	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-E	Date ▼ 530.00										
с.	Full Name of Individual (Last, First, Middle Initial Mayer, Frank, , ,	l) or Full O	rganizatio	on Name			Date of	f Re	ece	eipt				
	Mailing Address 1450 W Long Lake Suite 250						02	/	ľ	D D D 27	/ Y		018	Y
	City Troy	State MI	· · ·	Code)98-6355							118622 eceipt t		Period	
	FEC ID number of contributing federal political committee.	С							y				750.	00
	Name of Employer (for Individual) Cornerstone Group	Occi Brok		or Individual)			М	emo	o l'	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-E	Date ▼ 750.00										
s	UBTOTAL of Receipts This Page (optional)				►				,		. ,		2250.(00
Т	OTAL This Period (last page this line number on	ıly)			🕨				_					_

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			Detailed Summary Page	×	-		11b	11c	12	<u> </u>			
Any information copie	d from such Reports an	d Statements ma	ly not be sold or used by any p	erson fo	13 or the	pur	14 pose of	15 f soliciting	16 contribut	17 tions			
or for commercial pur	rposes, other than using		ddress of any political committee										
	()	A other O	mittaa										
/	erwriters Political												
Full Name of Indiv A. Furay, Guy, V.,	vidual (Last, First, Middle ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt						
Mailing Address 1					02 27 2018								
City		State	Zip Code		Trans	acti	ion ID :	: 1186232					
Greer		SC	29651-3428	A	\mount	t of	Each F	Receipt th	is Period				
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Name of Employer The Insurance Sou	, ,	Occu Brok	upation (for Individual) ser		M	emo	tem						
Receipt For:			Year-to-Date ▼										
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Full Name of Indiv B. Shippy, Tracy	vidual (Last, First, Middle	Initial) or Full O	rganization Name		Date of	f Re	ceipt						
Mailing Address 4					02	_	27		2018	Y			
City		State	Zip Code		Trans	acti	on ID :	1186235	1				
Utica		MI	48317-5507	A				Receipt th					
FEC ID number of federal political cor	U U	C					-		365.0	00			
Name of Employer John J Boyd & Asse		Occu Age	upation (for Individual) nt		M	emo	tem						
Receipt For:		Aggregate	Year-to-Date 🔻										
Other (specif	fy) ▼		415.00]									
Full Name of Indiv C. Martinez, Etti	vidual (Last, First, Middle ie, Lynn, ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt						
Mailing Address 2	2005 East 2700 S, Suite 1				^M 02		27		2018 Y	Y			
City Salt Lake City		State UT	Zip Code 84109-1759					: 1186238					
Salt Lake City			04103-1733	A	\moun	t of	Each F	Receipt th	ns Period				
FEC ID number of federal political cor	U U	C				-	,		365.0	00			
Name of Employer	r (for Individual)		upation (for Individual)		М	emo	b Item						
Team Nash		Pers	onal Plans Team Leader										
Receipt For:	General	Aggregate	Year-to-Date ▼										
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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ידו			Use separate schedule(s)	(ch	eck only	у о	ne)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contril	butio	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 Initia Schreder, Lynn, M., ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 130 North 25th Street				02 ^M	1	D 10 27	р / Y	2018		1
	City Fort Dodge	State IA	Zip Code 50501-4338					1186238 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		- j -		7	5.00	
	Name of Employer (for Individual) KHI Solutions	Occi Broł	upation (for Individual) ker		M	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 175.00]							
в.	Full Name of Individual (Last, First, Middle Initia Perera, Kishan, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5015 Campuswood Dr. Suite 20				м м 02	/	27) / Y	2018	Y	
	City	State NY	Zip Code 13057-4204	_				1186243	-		
	East Syracuse FEC ID number of contributing federal political committee.	С	13037-4204		Amoun	t of		Receipt th		oa 0.00	
	Name of Employer (for Individual) Benefit Design Services Corp.	Occ	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 Initia	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 32110 Agoura Rd				02		27		2018		
	City Westlake Village	State CA	Zip Code 91361-4026	_				1186243 Receipt th		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		500	0.00	
	Name of Employer (for Individual) Warner Pacific Insurance Services	Occi Brok	upation (for Individual) ker		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]							
s	UBTOTAL of Receipts This Page (optional)			•			, .		528	5.00	
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	y information copied from such Reports and S											
or	for commercial purposes, other than using the	e name and a	ddress of any polition	cal committee t	o sol	licit cor	ntrib	utions	from s	uch	committe	ee.
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Ini Selinsky, Steven, , ,	tial) or Full O	rganization Name		[Date of	Re	ceipt				
	Mailing Address 28638 Oak Point Drive					м м 02	1	D 28		Y	ү ү 2018	Y
	City	State	Zip Code			Trans	acti	ion ID :	11862	2454		
	Farmington Hills	MI	48331-2706		A	Amount	of	Each F	Receipt	t this	Period	
	FEC ID number of contributing federal political committee.	С								_	85.0	00
	Name of Employer (for Individual) Health Alliance Plan		upation (for Individua ctor of Sales	al)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General	/ iggi oguto	Tour to Build .									
	Other (specify) V		-95-1	245.00								
в.	Full Name of Individual (Last, First, Middle Ini Brody, Andrea, , ,	tial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 6018 E Lowden Rd.					M M	/	28		Y	2018	Y
	City	State	Zip Code		1	Trans	acti	on ID :	11862	457		
	Cave Creek	AZ	85331-3004		A						Period	
	FEC ID number of contributing federal political committee.	С						-	-		30.0	00
	Name of Employer (for Individual) RXBenefits		upation (for Individuate President of Busine	,		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		A A .	210.00								
с.	Full Name of Individual (Last, First, Middle Ini Allard, Terry, , ,	tial) or Full O	rganization Name		[Date of	Re	ceipt				
	Mailing Address 3000 A Street, Suite 400					м м 02	/	D 28			2018	Y
	City	State	Zip Code			Trans	acti	ion ID :	: 11862	2463		
	Anchorage	AK	99503-4040		A	Amount	of	Each F	Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С						,			170.0	00
	Name of Employer (for Individual)	Occi	upation (for Individua	al)	-	Me	emo	Item				
	The Wilson Agency, LLC	Brok	er	,								
	Receipt For:	I	Year-to-Date ▼		-							
	Primary General	Aggregate										
	Other (specify)			340.00								
s	UBTOTAL of Receipts This Page (optional)			••••••				,			285.0	00
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			Detailed Summary Page	×	-		11b	11c	12	
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	ercial purposes, other than using t									
NAME OF	COMMITTEE (In Full)									
\	Underwriters Political A	Action Com	mittee							
Full Name Smith, F	e of Individual (Last, First, Middle Paul, E., ,	Initial) or Full O	rganization Name	[Date of	f Re	eceipt			
Mailing Ac	dress 100 Queen Street				м м 02	/	D D 28	/ Y	y y 2018	Y
City		State	Zip Code		Trans	acti	ion ID:1	1186248	6	
Southingt		СТ	06489-2052	A	Amount	t of	Each Re	eceipt th	is Period	
	umber of contributing litical committee.	С			_		-	4	200.	
	Employer (for Individual) hith Insurance, LLC	Occi Broł	upation (for Individual) ker		M	emc	o Item			
Receipt Fo	or:	Aggregate	Year-to-Date ▼							
Othe	nary General er (specify) ▼		400.00]						
	of Individual (Last, First, Middle a, Ruth, Ferry, ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
	dress 308 Lassalle Drive				™ 02	1	D D 28	/ Y	y y 2018	Y
City		State	Zip Code		Trans	acti	ion ID : 1	186249)	
River Rido	ge	LA	70123-3648	A	Amount	t of	Each Re	eceipt thi	is Period	
	umber of contributing litical committee.	С			_		-		30.	00
	Employer (for Individual) efits Solutions	Occi Brol	upation (for Individual) ker		M	emc	ttem			
Receipt Fo		Aggregate	Year-to-Date ▼							
Othe	nary General er (specify) ▼		460.00							
	of Individual (Last, First, Middle ord, Stephen, I, ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt			
	ddress 11481 Old St. Augustine Ro				^M 02	1	D D 28	/ Y	2018 Y	Y
City	:U_	State	Zip Code				ion ID : '			
Jacksonv		FL	32258-1475	A	Amount	t of	Each Re	eceipt th	is Period	
	umber of contributing litical committee.	С					y	,	30.	00
Name of E	Employer (for Individual)	Осси	upation (for Individual)		М	emo	o Item			
	ford Group	Insu	rance Agent							
Receipt Fo		Aggregate	Year-to-Date 🔻							
Othe	nary General er (specify)		560.00]						
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al purposes, other than using th DMMITTEE (In Full)	Statements mane and a	y not be sold or used by any p	erson for the purpose of soliciting contributions
		dureas of any pointeal commute	e to solicit contributions from such committee.
	ction Com	mittee	
Individual (Last, First, Middle I icholas, A., ,	nitial) or Full O	rganization Name	Date of Receipt
ss 200 Continental Drive Suite 305	01-1-	7. 0.1	02 / D D / Y Y Y Y Y 28 / 2018
	DE		Transaction ID : 11862500 Amount of Each Receipt this Period
per of contributing al committee.	С		
bloyer (for Individual) ates			Memo Item
General specify) ▼	Aggregate	Year-to-Date ▼ 1050.00]
Individual (Last, First, Middle I Michele, , ,	nitial) or Full O	rganization Name	Date of Receipt
ss 2500 Quantum Lakes Drive	Suite 203		02 28 2018
ch	State FL	Zip Code 33426-8323	Transaction ID : 11862502 Amount of Each Receipt this Period
per of contributing al committee.	C		365.00
oloyer (for Individual) bley Independent Insuranc		,	Memo Item
General specify) ▼	Aggregate	Year-to-Date ▼ 365.00]
Individual (Last, First, Middle I lario, Francisco, ,	nitial) or Full O	rganization Name	Date of Receipt
SS 518 8th St.			02 / D D / Y Y Y Y 02 28 2018
	State NM	Zip Code 87701-3908	Transaction ID : 11862503 Amount of Each Receipt this Period
per of contributing al committee.	С		490.00
bloyer (for Individual) sial		,	Memo Item
General specify)	Aggregate	Year-to-Date ▼ 690.00	1
	al committee. bloyer (for Individual) ates General specify) ♥ Individual (Last, First, Middle I Michele, , , SS 2500 Quantum Lakes Drive ch ber of contributing al committee. bloyer (for Individual) bley Independent Insuranc General specify) ♥ Individual (Last, First, Middle I lario, Francisco, , SS 518 8th St. ber of contributing al committee. bloyer (for Individual) cial General specify) Receipts This Page (optional)	per of contributing al committee. ployer (for Individual) ates specify) ▼ General specify) ▼ Individual (Last, First, Middle Initial) or Full Of Michele, , , SS 2500 Quantum Lakes Drive Suite 203 ch State FL ch State FL ch C State FL ch C State FL C State State State NM Der of contributing al committee. Dioyer (for Individual) per of contributing al committee. Dioyer (for Individual) Dioyer (for Individual) Dioyer (for Individual) Dioyer (for Individual) C State NM Per of contributing al committee. Dioyer (for Individual) Dioyer (for Individual) Occur Brok Aggregate State NM Paceify) <td>DE 19713-4336 Per of contributing al committee. C Doloyer (for Individual) ates Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ General 1050.00 Individual (Last, First, Middle Initial) or Full Organization Name Michele, , , Aggregate Year-to-Date ▼ State Zip Code FL 33426-8323 State C 3426-8323 ber of contributing al committee. C C Doloyer (for Individual) Deley Independent Insuranc Occupation (for Individual) Broker Occupation (for Individual) Broker Specify) ✓ Aggregate Year-to-Date ▼ State Specify) ✓ State Zip Code RM State specify) ✓ State Zip Code RM State State specify) ✓ State Zip Code RM State Zip Code RM State Aggregate Year-to-Date State State Aggregate Year-to-Date State S</td>	DE 19713-4336 Per of contributing al committee. C Doloyer (for Individual) ates Occupation (for Individual) Broker Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ General 1050.00 Individual (Last, First, Middle Initial) or Full Organization Name Michele, , , Aggregate Year-to-Date ▼ State Zip Code FL 33426-8323 State C 3426-8323 ber of contributing al committee. C C Doloyer (for Individual) Deley Independent Insuranc Occupation (for Individual) Broker Occupation (for Individual) Broker Specify) ✓ Aggregate Year-to-Date ▼ State Specify) ✓ State Zip Code RM State specify) ✓ State Zip Code RM State State specify) ✓ State Zip Code RM State Zip Code RM State Aggregate Year-to-Date State State Aggregate Year-to-Date State S

SCHEDULE A (FEC Form 3X) _ _ _

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PAGE 33 OF

		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								
			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, Mido A. Stricker, Gerald, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stricker, Gerald, J., ,										
Mailing Address 5708 Farlook Dr	02 28 Y Y Y Y Y 02 28 2018										
City Cincinnati	State OH	Zip Code 45247-6924	Transaction ID : 11862506 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		365.00								
Name of Employer (for Individual) Walter P. Dolle Ins. Agency	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	1								
B. Fomalont, Eva, Jean, ,											
	Mailing Address 1804 Juan Tabo NE, Ste A										
City Albuquerque	State NM	Zip Code 87112-3309	Transaction ID : 11862519 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Benefit Source	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	1								
Full Name of Individual (Last, First, Midc C. Hoffman, Crystal, , ,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address P.O. Box 709	02 28 2018										
City Sugar Land	State TX	Zip Code 77487-0709	Transaction ID : 11862521 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Benefit Concepts, Inc.	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 235.00	1								
SUBTOTAL of Receipts This Page (option	al)		965.00								
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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 Political	Action Com	mittee												
Full Name of Individual (Last, First, Middle A. Harte, Thomas, M., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harte, Thomas, M., ,													
Mailing Address 183 Rockingham Road Unit 2, East			02 / 28 / Y Y Y Y Y 02 28 2018											
City Windham	State NH	Zip Code 03087-1348	Transaction ID : 11862529 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		2000.00											
Name of Employer (for Individual) Landmark Benefits, Inc.	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]											
Full Name of Individual (Last, First, Middle Waltman, Jessica, Fulginiti, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Waltman, Jessica, Fulginiti,													
Mailing Address 10 Doyle Road			02 / 26 / Y Y Y Y 26 2018											
City _Wayne	State PA	Zip Code 19087-3903	Transaction ID : 11864863 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		75.00											
Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) ncipal	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 160.00]											
Full Name of Individual (Last, First, Middle C. Koehler, Linda Rose, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 235 Main Street	02 26 Y Y Y Y 02 26													
City Pleasanton	State CA	Zip Code 94566-8206	Transaction ID : 11864864 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		150.00											
Name of Employer (for Individual) Herzog Insurance Agency, Inc.	Occ Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00]											
SUBTOTAL of Receipts This Page (optional))		2225.00											
TOTAL This Period (last page this line numb	per only)													

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	eck only	/ on	e)	(check only one)											
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or	for commercial purposes, other than using the	name and a	doress of any political committe	e to so	Dicit cor	ITID	utions t	rom suci		90.									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee																
Α.	Full Name of Individual (Last, First, Middle Initi Cociu, Dorothy, M., ,	me of Individual (Last, First, Middle Initial) or Full Organization Name , Dorothy, M., ,						Date of Receipt											
	Mailing Address P.O. Box 6677		02 / D D / Y Y Y Y 26 2018																
	City Fullerton	State CA	Zip Code 92834-6677		Transaction ID : 11864865 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		75.0	00									
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc		Me	emo	Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 160.00]															
в.	Full Name of Individual (Last, First, Middle Initi Wallace, Keith, , ,	al) or Full O	rganization Name		Date of	Re	ceipt												
	Mailing Address 1400 Broadway		02 / D D / Y Y Y Y 02 26 2018																
	City Bellingham	State WA	Zip Code 98225-3036		Transaction ID : 11864867 Amount of Each Receipt this Period 1000.00														
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occi Brol	upation (for Individual) ker		Me	emo	Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]															
с.	Full Name of Individual (Last, First, Middle Initi McFerrin, Dwane, C., ,	al) or Full O	rganization Name		Date of	Re	ceipt												
	Mailing Address 8420 West Dodge Road Suite 510		02	/	D D D 26		2018	Y											
	City Omaha	State NE	Zip Code 68114-3432					1186486 leceipt th	58 nis Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	200.0	00									
	Name of Employer (for Individual) Senior Market Sales, Inc.	upation (for Individual) er		Me	emo	Item													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00]															
s	UBTOTAL of Receipts This Page (optional)			•			7		1275.0	0									
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				for each category of the Detailed Summary Page		X	11a 13		-	111 14	י -		11c 15	\vdash	12 16	17				
	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	on Com	mi	ttee																
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rash, Susan, Maley, , Mailing Address 2108 West Laburnum Avenue, Suite 3						Date of Receipt													
	City State Zip Code							02 26 2018 Transaction ID : 11864869												
	Richmond	VA	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Broker						350.00												
	Name of Employer (for Individual) BB&T Benefit Consultants of Virginia,							Memo Item												
	Receipt For: µ Primary General Other (specify) ▼	Aggregate																		
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Munger, David, , ,							Date of Receipt												
	Mailing Address 3312 W. Magistrate Loop						02 27 2018													
	City Hayden	State ID		Zip Code 83835-5019	Transaction ID : 11864870 Amount of Each Receipt this F								-	eriod						
	FEC ID number of contributing federal political committee.												75.	00						
	Name of Employer (for Individual) Munger Insurance	upa ker	tion (for Individual)			N	lemo	0	Ite	m										
	Receipt For: Primary General Other (specify) ▼	Aggregate	ate Year-to-Date ▼ 375.00																	
C.	Full Name of Individual (Last, First, Middle Initial) Smith, Michael, David, ,	or Full O	rgai	nization Name			Date o	of Re	ec	ceip	ot									
	Mailing Address 233 West Main Street							02 / D / Y Y Y Y 2018												
	City Lewisville	State TX		Zip Code 75057-3863	Transaction ID : 11864872 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С		250.00																
	Name of Employer (for Individual) The Brokerage, Inc.	Occu Brok	•	tion (for Individual)			N	lemo	0	lte	m									
	Receipt For: // Primary General Other (specify)																			
s	UBTOTAL of Receipts This Page (optional)			••••••	<u> </u>	[,	7	I	T	9		675.	00				
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			Detailed Summary Page		13	14	15	16	17			
or	v information copied from such Reports and Stat for commercial purposes, other than using the n											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comr	nittee									
٩.	Full Name of Individual (Last, First, Middle Initial Lawler, Joseph, J., ,		Date of F	Receipt								
	Mailing Address 2377 Boston Road P. O. Box 369		02 28 2018									
	City Wilbraham	State MA	Zip Code 01095-1254	_	Transac Amount c		1186487					
	FEC ID number of contributing federal political committee.						500					
	Name of Employer (for Individual) The Gaudreau Group		pation (for Individual) fits Consultant		Men	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00]								
	Full Name of Individual (Last, First, Middle Initial Garcia, Stephanie, L., ,) or Full Org	ganization Name		Date of F	Receipt						
	Mailing Address 1204 Central Avenue SW				02 02 2018							
	City Albuquerque	State NM	Zip Code 87102-2803		Transac Amount c		1186512 Receipt th					
	FEC ID number of contributing federal political committee.					500	.00					
	Name of Employer (for Individual) Linton & Associates	Occup Broke	pation (for Individual) er		Men	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 1000.00]								
	Full Name of Individual (Last, First, Middle Initial Mayville, Vickie, Eileen, ,) or Full Org	ganization Name		Date of F	Receipt						
	Mailing Address P O Box 232325				^M 02	/ D 07		2018	Y			
	City Las Vegas	State NV	Zip Code 89105-2325	_	Transa Amount c		: 1191471 Receipt th					
	FEC ID number of contributing federal political committee.	С							.00			
	Name of Employer (for Individual) Mayville Incorporated				dual)							
	Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ - 72.00]	Refund(s) the YTD Te			taling \$84	I.00 This ch			
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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, Minerator, Full Name of Individual (Last, First, Minerator), Hepscher, William, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 38176 Medical Center			02 28 / Y Y Y Y Y 02 28 2018						
City Zephyrhills	State FL	Zip Code 33540-1380	Transaction ID : 4330509 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) The Canadian Drugstore	Occi Broł	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
Full Name of Individual (Last, First, Min B. McPike, Christine, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1040 N. Cotner Blvd.		02 28 2018							
City Lincoln	State NE	Zip Code 68505-2229	Transaction ID : 4332017 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s l								
Name of Employer (for Individual) Compensation Programs, Inc.		upation (for Individual) President	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mic. Cummings, William, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6325 Digital Way Ste 160 City	State	Zip Code	02 28 2018 Transaction ID : 4334083						
Indianapolis	IN	46278-1692	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		150.00						
Name of Employer (for Individual) Pathfinder Insurance Training Receipt For:		upation (for Individual) ident	Memo Item						
Primary General Other (specify)	Aggregate	1							
SUBTOTAL of Receipts This Page (optic	nal)		350.00						
TOTAL This Period (last page this line n	umber only)								

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Starr, Gwyn, M., ,	l) or Full C	rganization Name	Date of Receipt							
	Mailing Address 27777 Franklin Rd, Ste 1300	State	Zip Code	02 / 28 / 2018 Transaction ID : 4336882							
	Southfield	MI	48034-8282	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
В.	Full Name of Individual (Last, First, Middle Initia McPike, Brian, K, ,	l) or Full C	rganization Name	Date of Receipt							
	Mailing Address 1040 N. Cotner Blvd.			02 28 2018							
	City Lincoln	State NE	Zip Code 68505-2229	Transaction ID : 4368671 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		150.00							
	Name of Employer (for Individual) Compensation Programs, Inc.	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
с.	Full Name of Individual (Last, First, Middle Initia Green, J. J., , ,	l) or Full C	rganization Name	Date of Receipt							
	Mailing Address 1219 W. 2nd St.	-		02 / 28 / Y Y Y Y Y 2018							
	City Grand Island	State NE	Zip Code 68801-5709	Transaction ID : 4369183 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) Primark, Inc.	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For:	ary General General									
s	UBTOTAL of Receipts This Page (optional)		•	450.00							
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11:		11b	11c	12				
Any information copied from such Reports or for commercial purposes, other than usi				he pu							
	ng the name and a	address of any political committee	e to solicit	contri	Ibutions	from such		<u>.</u>			
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid Avery, Michael, K., ,	dle Initial) or Full C	Organization Name	Date	e of R	Receipt						
Mailing Address 1015 North Dixie			м 0	2	/ D 28		ү ү 2018	Y			
City Odessa	State TX	Zip Code 79761-2805				: 4371606 Receipt th					
FEC ID number of contributing federal political committee.	С						100.0)0			
Name of Employer (for Individual) AL J. Avery & Associates, Inc.	Occ Bro	upation (for Individual) ker		Mem	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
Full Name of Individual (Last, First, Mid B. Johnson, Judy, Anne, ,	dle Initial) or Full C	Organization Name	Date	of P	Receipt						
Mailing Address 5581 N Barrasca Ave					02 28 / Y Y Y Y 02 28 2018						
City Tucson	State AZ	Zip Code 85750-6495				4372911 Receipt th					
FEC ID number of contributing federal political committee.	C				-	-	150.0	00			
Name of Employer (for Individual) UnitedHealthcare		Occupation (for Individual) Broker			no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
Full Name of Individual (Last, First, Mid C. Kaiser, Andrew, , ,	dle Initial) or Full C	Organization Name	Date	e of F	Receipt						
Mailing Address P. O. Box 3858			МО	2	/ D 28		2018	Y			
City Hickory	State NC	Zip Code 28603-3858	Transaction ID : 4374337 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	C			y .	9	50.0)0			
Name of Employer (for Individual) Broome Associated Insurance Agency				Mem	no Item						
Receipt For: Primary General Other (specify)	Aggregate]									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions 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, Mido A. James, Keith, A., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6750 Poplar Avenue, Su	ite 208		M M / D D / Y Y Y Y 02 28 2018						
City Memphis	State TN	Zip Code 38138-7414	Transaction ID : 4374696 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) The James Group, LLC	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mide B. Morier, Dennis, J., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 601 Abbott St	01-1-		02 / D D / Y Y Y Y Y 28 2018						
City Detroit	State MI	Zip Code 48226-2513	Transaction ID : 5108246 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		300.00						
Name of Employer (for Individual) Results Marketing, Inc.		upation (for Individual) urance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00]						
Full Name of Individual (Last, First, Midc C. Schreder, Lynn, M., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 130 North 25th Street			02 28 / Y Y Y Y 02 28 2018						
City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : PR433076118062 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) KHI Solutions	Occi Brok	upation (for Individual) xer	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$100.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		450.00						
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TEMIZED RECEIPTS		for each antenan of the	(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 Political	Action Com	mittee							
Full Name of Individual (Last, First, Midd McFerrin, Dwane, C., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8420 West Dodge Road Suite 510			02 28 2018						
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168118062 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.	Occu Brok	upation (for Individual) ser	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Midd 3. Vetter, Leah, M., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10050 Regency Circle Suite 300	State	Zin Code	02 / D D / Y Y Y Y Y 28 2018						
City Omaha	State NE	Zip Code 68114-3721	Transaction ID : PR433302718062 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		180.00						
Name of Employer (for Individual) Arthur J. Gallagher	Occu Brol	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, Midd C. (Wooden) Lovincey, Rebecca		rganization Name	Date of Receipt						
Mailing Address 201 NE Park Plaza Dr #2			02 / 28 / Y Y Y Y 02 28 2018						
City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : PR433347118062 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		150.00						
Name of Employer (for Individual) AIMEA Insurance, Inc.	Occu Ager	upation (for Individual) ht	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$50.00 Weekly)						
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
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. Trautwein, Janet, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1212 New York Ave. NW, St	e 1100											
<u></u>			02 28 2018									
City Washington	State DC	Zip Code 20005-3987	Transaction ID : PR436821418062 Amount of Each Receipt this Period									
FEC ID number of contributing	C		170.00									
federal political committee.	C											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
NAHU Receipt For:	CEC	-										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$170.00 Monthly)									
Other (specify) v		340.00										
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name										
B. <u>Cociu</u> , Dorothy, M., ,			Date of Receipt									
Mailing Address P.O. Box 6677	ailing Address P.O. Box 6677											
City	State	Zip Code	Transaction ID : PR436844618062									
Fullerton	CA	92834-6677	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		, 245.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middle Ir c. Stenger, James, R., ,	hitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8926 Crown Colony Bouleva	rd											
		Zin Code	02 28 2018									
City Fort Myers	State FL	Zip Code 33908-5627	Transaction ID : PR436939918062 Amount of Each Receipt this Period									
FEC ID number of contributing												
federal political committee.	C		170.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
MVS Consulting Receipt For:	Brok											
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$170.00 Monthly)									
Other (specify)		340.00										
SUBTOTAL of Receipts This Page (optional)			425.00									
TOTAL This Period (last page this line number												

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(cned	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12		_، ٦
	y information copied from such Reports and S for commercial purposes, other than using the											
<u> </u>	NAME OF COMMITTEE (In Full)											
\sum	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Ini Parker, John, C., ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt					
	Mailing Address 38 Hope St Unit 1312				^M 02	/	D 2	8	/ Y	ү ү 2018	Y	
	City Niantic	State CT	Zip Code 06357-2454							3681806 iis Perio		
	FEC ID number of contributing federal political committee.	С					-yr-		- -	175	5.00	
	Name of Employer (for Individual) Parker Agency	Occu Brok	ipation (for Individual) er		М	emo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	P/I	R Ded	ucti	on (\$1	00.00	0 Mon	thly)		
	Full Name of Individual (Last, First, Middle Ini Fristoe, Kelly, Don, ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt					
	Mailing Address 807 8th Street, Suite 300				02 / D D / Y Y Y Y 02 28 2018							
	City Wichita Falls	State TX	Zip Code 76301-3317)231806 is Perio		
	FEC ID number of contributing federal political committee.	of contributing					Laon	nece			5.00	
	Name of Employer (for Individual)Occupation (for Individual)Financial PartnersBroker				М	emo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285,00	P/F	R Ded	uctio	on (\$3	0.00	Month	nly)		
	Full Name of Individual (Last, First, Middle Ini Alberts, Suzetta, E., ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt					
	Mailing Address 26555 Evergreen Drive Ste 535				02 ^M		a second	8		2018 [°]		
	City Southfield	State MI	Zip Code 48076-4213							7611806 is Perio		
	FEC ID number of contributing federal political committee.	C					,		y	84	1.00	
	Name of Employer (for Individual) Comprehensive Benefits	Occu Brok	ipation (for Individual) er		М	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 243.00				lucti	on (\$8	34.00	Montl	hly)		
						_		_			_	

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FOR LINE NUMBER:

PAGE 45 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
		Dotaliou ourinuly i ugo						
			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 Political	Action Com	mittee						
Full Name of Individual (Last, First, Middl Koehler, Linda Rose, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 235 Main Street			02 28 2018					
City Pleasanton	State CA	Zip Code 94566-8206	Transaction ID : PR437090118062 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		205.00					
Name of Employer (for Individual) Herzog Insurance Agency, Inc. Receipt For:	Brok		Memo Item					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middl B. Henehan, Joseph, E., ,		rganization Name	Date of Receipt					
Mailing Address 685 Carnegie Dr., Ste. #2	02 / D D / Y Y Y Y 28 2018							
City San Bernardino	State CA	Zip Code 92408-3550	Transaction ID : PR437097918062					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00					
Name of Employer (for Individual) The Henehan Company	Occu Brok	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middl C. Roberts, Joseph, K., ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1128 Lincoln Mall Suite 200			02 / D D / Y Y Y Y 28 / 2018					
City Lincoln	State NE	Zip Code 68508-2878	Transaction ID : PR437118018062 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		170.00					
Name of Employer (for Individual) UNICO	Occu Brok	ıpation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$170.00 Monthly)					
SUBTOTAL of Receipts This Page (optiona	al)		460.00					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and S										
or for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		•								
Health Underwriters Political Ac	ction Com	mittee								
Full Name of Individual (Last, First, Middle In Wilson, Thomas, R., ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 701 Lamar			02 / 28 / Y Y Y Y 02 28 2018							
City	State	Zip Code	Transaction ID : PR437119018062							
Wichita Falls	TX	76301-6824	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Boley Featherston Insurance Agency	Occi Broł	upation (for Individual) ker	Memo Item							
Receipt For:	Aaareaate	Year-to-Date ▼								
Other (specify) ▼		390.00	P/R Deduction (\$55.00 Monthly)							
Full Name of Individual (Last, First, Middle In B. Benton, Bruce, D., ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 17200 Ventura Blvd Suite 312			02 28 2018							
City	State	Zip Code	Transaction ID : PR437123018062							
Encino	CA	91316-5018	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Genesis Financial & Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		390.00	P/R Deduction (\$170.00 Monthly)							
Full Name of Individual (Last, First, Middle In C. Braden, Victoria, J., ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3875 Johns Creek Parkway, S			02 / 28 / Y Y Y Y 02 28 2018							
City	State	Zip Code	Transaction ID : PR437201918062							
Suwanee	GA	30024-1294	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item							
Braden Benefit Strategies, Inc	Brok									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)	Primary General									
SUBTOTAL of Receipts This Page (optional)			470.00							
TOTAL This Period (last page this line number										

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

(check only one)

PAGE 47 OF

	Detailed Summary Page	×			11b		1c	12	□ ₄ →			
Any information copied from such Reports and or for commercial purposes, other than using t								citing				
NAME OF COMMITTEE (In Full) Health Underwriters Political A												
Full Name of Individual (Last, First, Middle I A. Howard, Michelle, S., ,	Initial) or Full C	organization Name		Date of	Re	ceipt						
Mailing Address 2850 West Grand Boulevard		^M 02	/	D 28		Y	у у 2018	Y				
City Detroit	Transaction ID : PR437215218062 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	75.00											
Name of Employer (for Individual) Health Alliance Plan	Memo Item											
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$85.00 Monthly)											
Full Name of Individual (Last, First, Middle I Mordo, David, , ,		organization Name		Date of	Re	ceipt						
Mailing Address 15 West Main St, Route 520		^M 02	1	D 28		Y	у у 2018	Y				
City Holmdel	StateZip CodeNJ07733-2105							-	9618062 s Period			
FEC ID number of contributing federal political committee.	С	150.00										
Name of Employer (for Individual) SlatteryGA, A division of Arthur J. Ga	Occ Bro	upation (for Individual) ker		Me	emo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00		/R Dedu	uctic	on (\$50).00 W	/eekl	y)			
Full Name of Individual (Last, First, Middle I Toups, Jennifer, L. , ,		rganization Name		Date of	Re	ceipt						
Mailing Address #1 Galleria Blvd, Suite 1122				02 ^M	/	28	3	L	2018			
City Metairie	State LA	Zip Code 70001-2092							0518062 s Period			
FEC ID number of contributing federal political committee.	C					,		y	135.	00		
Name of Employer (for Individual) Humana	Occ Brol	upation (for Individual) ker		M	emo	Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P	/R Ded	uctio	on (\$85	5.00 N	Ionth	ly)			
SUBTOTAL of Receipts This Page (optional)								y	360.0	00		
TOTAL This Period (last page this line number	er only)	•••••••				,		,				

Use separate schedule(s)

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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 and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee									
Full Name of Individual (Last, First, Middle I A. Summers, James, F., ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 8420 West Dodge Road, 5th	n Foor		M M / D D / Y Y Y Y 02 28 2018								
City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281018062 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		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) ▼		Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Monthly)								
Full Name of Individual (Last, First, Middle I B. Smith, David, C., ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 915 Englewood Avenue			02 28 2018								
City Durham	State NC	Zip Code 27701-1105	Transaction ID : PR437474518062 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) Ebenconcepts Company	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$170.00 Monthly)								
Full Name of Individual (Last, First, Middle I C. Fitzgerald, Robert, Mark, ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 675 N. Highland Ave NE # 427			02 / D D / Y Y Y Y 28 / 2018								
City Atlanta	State GA	Zip Code 30306-4685	Transaction ID : PR437488418062 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		75.00								
Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occ Brok	upation (for Individual) ær	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$125.00 Monthly)								
SUBTOTAL of Receipts This Page (optional)			370.00								
TOTAL This Period (last page this line numbe	er only)										

Use separate schedule(s)

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PAGE 49 OF

			ach category of the iled Summary Page	×	_	11a 13] 11 14	H	11		12		47			
or	y information copied from such Reports and S for commercial purposes, other than using the					fo	r the		pos	se of		iting		butio			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mitte	e													
Α.	Full Name of Individual (Last, First, Middle In Rider, Susan, M., ,	itial) or Full C	rganiza	ion Name		Da	ate of	Re	ecei	ipt							
	Mailing Address 803 Touralosa Dr	Otata	7:	Orde		L	02	1	L	28		L	2018	3	Ŷ		
	City Westfield	State IN	· · ·	Code 6074-7303	-				-		-		07180	-			
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 63.00 Memo Item														
	Name of Employer (for Individual) Gregory & Appel Insurance	(for Individual)															
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 426.00								P/R Deduction (\$63.00 Monthly)									
Β.	Full Name of Individual (Last, First, Middle In Stedt, Margaret, Evelyn, ,	itial) or Full C	rganiza	ion Name		Da	ate of	Re	ecei	ipt							
	Mailing Address 486 Calle Amigo City State Zip Code								Г	28	/	Y	2018		Y		
	City San Clemente	State CA									99180 s Peri	-					
	FEC ID number of contributing federal political committee.	С				85.00									0		
	Name of Employer (for Individual) Stedt Insurance Services	Occ Bro		(for Individual)		Ļ	M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	Date ▼ 270.00	P	P/R	2 Ded	uctio	on ((\$85.(00 Mo	onthl	ly)				
	Full Name of Individual (Last, First, Middle In Starks, Eugene, , ,	itial) or Full C	rganiza	ion Name		Da	ate of	Re	ecei	ipt							
	Mailing Address 613 Crescent Circle Suite 201					L	02	/	L	28			2018		Y		
	City Ridgeland	State MS	· · ·	Code 9157-8686	-								31180				
	FEC ID number of contributing federal political committee.	C				Ar	nount	OT	Ea		eceip		s Peri	oa 35.00	0		
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occ	•	(for Individual)		[M	emc	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	Date ▼ 295.00	'	⊃/F	R Ded	ucti	on	(\$85.	00 M	onth	ly)				
s	UBTOTAL of Receipts This Page (optional)				•				,			,	23	33.00)		
т	OTAL This Period (last page this line number	only)			•	Ľ			-			,					

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

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PAGE 50 OF

		Detailed Summary Page	×	11a] 11 14		11c		r	17			
	y information copied from such Reports and Statemer for commercial purposes, other than using the name					pos	se of s			ributic				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action (
A.	Full Name of Individual (Last, First, Middle Initial) or Griffey, Don, R., , Mailing Address 56294 Prim Rose Circle	Full Orga	anization Name		Date of	Re								
	City Sta	ite	Zip Code		02	acti	L	28 10 · F	PR437	201 709418	100			
	Elkhart IN	IN 46516-1509								this Per				
	FEC ID number of contributing federal political committee.			150.00										
	Name of Employer (for Individual) Hailey-Campbell, Inc	Memo Item												
	Receipt For: Aggruin Primary General Other (specify) ▼	P/R Deduction (\$30.00 Monthly)												
B.	Full Name of Individual (Last, First, Middle Initial) or Waltman, Jessica, Fulginiti, ,	Full Orga	anization Name		Date of	Re	ecei	ipt						
	Mailing Address 10 Doyle Road			M M 02	/		28		2018					
		StateZip CodePA19087-3903C								1 001180 this Per				
	FEC ID number of contributing federal political committee.							85.00						
	Name of Employer (for Individual) Forward Health Consulting	Occupa Princip	ation (for Individual) pal		Me	emo	o Ite	em						
	Receipt For: Aggruin Primary General Other (specify) ▼	egate Ye	ar-to-Date ▼ 245.00	P/	R Dedu	uctic	on ((\$85.0	0 Mon	thly)				
C.	Full Name of Individual (Last, First, Middle Initial) or Petersen, Benjamin, Lee, ,	Full Orga	anization Name		Date of	Re	ecei	ipt						
	Mailing Address PO Box 971				02	/	L	28		2018				
	City Sta Ridgefield W		Zip Code 98642-0971	A						528818 this Per				
	FEC ID number of contributing federal political committee.				_		,		. ,		42.00)		
	Name of Employer (for Individual) The Nora Group	Occupa Broker	ation (for Individual)		Me	emo	o Ite	em						
	Receipt For: Aggruing Primary General Other (specify)	egate Ye	ar-to-Date ▼ 284.00	P	'R Ded	uctio	on	(\$42.0	0 Mon	ithly)				
s	UBTOTAL of Receipts This Page (optional)		•				,		9	2	277.00)		
т	OTAL This Period (last page this line number only)						-			470	80.08)		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use sepa				NUMBER: PAGE 51 OF 55																						
II LIWILLED DISDURSEIWEN IS	for each category of the Detailed Summary Page 28a			22 28b		23 28c		26 29	F	27 30b																	
Any information copied from such Reports and State or for commercial purposes, other than using the nar													S														
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comm	ittee																									
Full Name (Last, First, Middle Initial) A. PayPal						Date of	_	sburse	-		V	YYY															
Mailing Address 2211 North First Street						02 28 2018 FEC Identification Number																					
San Jose	State CA	Zip Code 95131																									
Purpose of Disbursement Credit Card Fees	edit Card Fees																C Transaction ID : 11865143										
Candidate Name							Category/ Type																				
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼					amo	Item	Cr	edit Ca	_	2163.13 ees															
State: District: Full Name (Last, First, Middle Initial) B. Merchant Services		Date of	of Di		-		YYY	YYY																			
Mailing Address 7300 Chapman Way	Address 7300 Chapman Way State Zip Code								02		2	018															
City Knoxville Purpose of Disbursement	_	FEC I	denti	ficatio	n I	Numbe	er	_																			
Credit Card Fees Candidate Name	Card Fees						Transaction ID : 11865144 Amount of Each Disbursement this Peric																				
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify)				м	emo	Item	Cr	edit C		227.51 ees															
Full Name (Last, First, Middle Initial)						Date of	_		-				_														
Mailing Address						M N		D	D	/	Y ¥ Y	YY															
City	State	Zip Code				FEC I	denti	ficatio	n I	Numbe	er																
Purpose of Disbursement		egory]	С																							
	ffice Sought: House Disbursement For:							Each	D	SDUIS	emen	t this Peri	ba														
State: District:	Primary Other (spec	General cify) ▼				м	emo	Item																			
SUBTOTAL of Disbursements This Page (optional)								-			-	2390.64	7														
TOTAL This Period (last page this line number only						F		-			-	2390.64	۲														

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SCHEDULE B (FEC Form 3X)					INE	NUMBER: PAGE 52 OF 59								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check										
			Summary Page		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			ed by any	perso	on for the purpose of soliciting contributions								
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-	• · ·											
	Health Underwriters Political Actio	on Comm	ittee											
Α.	Full Name (Last, First, Middle Initial) Tony Cardenas For Congress					Date of Disbursement								
	Mailing Address 249 E. Ocean Blvd. Suite 685					02 01 2018								
	City	State	Zip Code			FEC Identification Number								
	Long Beach Purpose of Disbursement	CA	90802											
	2/5 Dinner			011		C C00498873								
	Candidate Name			Categor	v/	Transaction ID : 11757275 Amount of Each Disbursement this Period								
	Cardenas, Tony, , Rep.,			Туре	y,									
		ement For:				2500.00								
	Senate x President	Primary Other (spe	General			2/5 Dinner								
	State: CA District: 29	Other (spe	City) 🔻			Memo Item								
_	Full Name (Last, First, Middle Initial)													
В.	Scalise Leadership Fund			Date of Disbursement										
	Mailing Address 317 15TH ST NE Suite 1100		1			02 01 2018								
	City Washington	State DC	Zip Code 20005			FEC Identification Number								
	Purpose of Disbursement 2/5 Dinner			011		C								
	Candidate Name			Category	y/	Transaction ID : 11757276 Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ement For:		турс		1500.00								
	Senate	Primary	General			2/5 Dinner								
	State: District:	Other (spe	city)			Memo Item								
C.	Full Name (Last, First, Middle Initial) Angus King For Us Senate Campa	aign				Date of Disbursement								
	Mailing Address 114 Maine Street Suite 1a PO Box 368					02 01 Y Y Y Y 2018								
	City Brunswick	State ME	Zip Code 04011			FEC Identification Number								
	Purpose of Disbursement 2/6 Dinner			011	٦	C C00516047								
	Candidate Name			la de la companya de		Transaction ID : 11757277 Amount of Each Disbursement this Period								
	King, Angus, S., Sen., Jr.			Category Type	y/	Anount of Lach Dispursement this reliou								
	Office Sought: House Disburse	ht: House Disbursement For: 2018 x Senate President Primary Genera Other (specify) ▼				1000.00								
	~ *					2/6 Dinner								
	State: ME District:					Memo Item								
s	UBTOTAL of Disbursements This Page (optional).					5000.00								
т	OTAL This Period (last page this line number only	/)												

SCHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)			NUMBER: PAGE 53 OF 59								
TEMIZED DISBURSEMENTS	for each	category of the Summary Page		eck 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 n				any pers	on for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee											
Full Name (Last, First, Middle Initial) Pete Sessions For Congress					Date of Disbursement								
Mailing Address PO Box 823047					02 01 Y Y Y Y 2018								
City Dallas	State TX	Zip Code 75382			FEC Identification Number								
Purpose of Disbursement 2/6 Dinner			01	1	C C00303305 Transaction ID : 11757278								
Candidate Name Sessions, Pete, , Rep.,			Cate Ty		Amount of Each Disbursement this Period								
Senate President	ement For: 2 Primary Other (spec	General			2/6 Dinner Memo Item								
State: TX District: 32 Full Name (Last, First, Middle Initial) Pittenger For Congress Llc Mailing Address PO Box 11207		Date of Disbursement											
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Full Name (Last, First, Middle Initial)	TORIAL (COMMITTEE			Date of Disbursement								
Mailing Address 425 SECOND STREET NE City WASHINGTON Purpose of Disbursement 2018 Membership 2/5 Reception	State DC	Zip Code 20002	01	1	02 05 2018 FEC Identification Number C C00027466								
Candidate Name NATIONAL REPUBLICAN SENATO Office Sought: House Disburs Senate	ORIAL CO ement For: Primary	MMITTEE General	Cate Ty		Transaction ID : 11759163 Amount of Each Disbursement this Period 15000.00 2018 Membership 2/5 Recept								

Index Index Disbursement 2010 Senate President Image: Chine of Disbursement 2/8 Lunch State: NE District: Image: Chine of Disbursement 2/8 Lunch Full Name (Last, First, Middle Initial) B. Carlos Curbelo Congress Date of Disbursement Date of Disbursement Mailing Address 8724 Sw 72nd St Image: Chine of Disbursement Image: Chine of Disbursement Image: Chine of Disbursement City State Zip Code State Zip Code FEC Identification Number Purpose of Disbursement Image: Cardidate Name Image: C	bb butions nittee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Deb Fischer For US Senate Inc Mailing Address 5555 South St City Lincoln Purpose of Disbursement 2/8 Lunch Candidate Name Fischer, Deb, , Sen., Office Sought: House Disbursement For: 2018 City B. Carlos Curbelo Congress Mailing Address 8724 Sw 72nd St City	is Period
Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Deb Fischer For Us Senate Inc Mailing Address 5555 South St City State Zip Code Built Candidate Name Candidate Name Fischer, Deb, , Sen., Office Sought: Disbursement State: NE Senate President President Other (specify) State: NE Mailing Address 8724 Sw 72nd St City State Mailing Address 8724 Sw 72nd St City Senate Purpose of Disbursement Zi3 Dinner City Senate President Disbursement For: 2018 Senate Disbursement For: 2018 City Senate President Other (specify) State: FL <td>is Period</td>	is Period
A. Deb Fischer For Us Senate Inc Date of Disbursement Mailing Address 5555 South St Date of Disbursement City State Zip Code Purpose of Disbursement 011 Z8 Lunch 011 Candidate Name 011 Candidate Name Category/ Fischer, Deb, , Sen., 011 Office Sought: A Senate President Disbursement For: 2018 State: NE Full Name (Last, First, Middle Initial) B. Carlos Curbelo Congress Mailing Address 8724 Sw 72nd St City Miamin Purpose of Disbursement 2/13 Dinner Candidate Name Candidate Name City Mailing Address 8724 Sw 72nd St City Miamin Purpose of Disbursement 2/13 Dinner Candidate Name	is Period
Mailing Address 5555 South St 02 08 2018 City State Zip Code 68506 FEC Identification Number Purpose of Disbursement 011 Category/ Transaction ID : 11768359 Candidate Name President Disbursement For: 2018 Primary General Office Sought: House Disbursement For: 2018 2/8 Lunch State: NE Disbursement For: 2018 2/8 Lunch State: NE Disbursement For: 2018 Date of Disbursement Mailing Address 8724 Sw 72nd St City State Zip Code Mailing Address 8724 Sw 72nd St City State Zip Code City State State Zip Code Mailing Address 8724 Sw 72nd St City State City Office Sought: X House Disbursement For: 2018 FEC Identification Number Curbelo, Carlos, , Rep., Oil Category/ Type Category/ Office Sought: X House Disbursement For: 2018 Mount of Each Disbursement for Senate President Other (specify) Ge	is Period
Lincoln NE 68506 Purpose of Disbursement 011 Zadagory/ Office Name Fischer, Deb, , Sen., 011 Office Sought: House President Disbursement For: 2018 Year General Office Sought: President Year General Other (specify) Memo Item Full Name (Last, First, Middle Initial) B. Carlos Curbelo Congress Date of Disbursement Mailing Address 8724 Sw 72nd St Other City State Maimin FL Purpose of Disbursement Z/8 Lunch Z/13 Dinner Other Candidate Name Category/ Candidate Name Disbursement For: 2018 Senate Disbursement For: 2018 Senate Disbursement For: 2018 State: FL Office Sought: House Senate Disbursement For: 2018 Senate Primary General Office Sought: House Senate Primary General	0.00
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Fischer, Deb, , Sen., Category/ Type Anduli of Each Disbursement In Type Office Sought: House Disbursement For: 2018 100 State: NE District: 2/8 Lunch Full Name (Last, First, Middle Initial) B. Carlos Curbelo Congress Date of Disbursement Mailing Address 8724 Sw 72nd St 011 02 12 City Miami State 2/13 Dinner Zip Code FL State 33173 FEC Identification Number Curbelo, Carlos, , Rep., Office Sought: Messement Senate Disbursement For: 2018 011 Category/ Miami Senate Disbursement For: 2018 011 Category/ Type Senate Disbursement For: 2018 Transaction ID : 11780598 Amount of Each Disbursement the Category/ Curbelo, Carlos, , Rep., Disbursement For: 2018 Memo Item Y President Senate President 0ther (specify) Memo Item State: FL District: 26 Memo Item 2/13 Dinner	0.00
x Senate President x Primary General Other (specify) 2/8 Lunch Memo Item State: NE District: 2/8 Lunch Full Name (Last, First, Middle Initial) Date of Disbursement B. Carlos Curbelo Congress Date of Disbursement Mailing Address 8724 Sw 72nd St City State Zip Code FL Numi FL 33173 Purpose of Disbursement 2/13 Dinner 011 Candidate Name 011 Candidate Name 011 Curbelo, Carlos, , Rep., Disbursement For: 2018 Office Sought: x House President Disbursement For: 2018 Y Primary General Other (specify) Memo Item	
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President Other (specify) State: FL District: 26 Full Name (Last, First, Middle Initial)	is Period 0.00
Mailing Address P.O. Box 960821	
City State Zip Code Riverdale GA 30296 Purpose of Disbursement 2/15 Lunch	1
Candidate Name Category/ Scott, David, Albert, Rep., Category/	
Office Sought: ★ House Disbursement For: 2018 100 Senate Primary General 2/15 Lunch President Other (specify) ▼ Memo Item	0.00
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SCHED	ULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 55 OF 59								
	ED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b								
	nation copied from such Reports and State imercial purposes, other than using the na				on for the purpose of soliciting contributions solicit contributions from such committee.								
	OF COMMITTEE (In Full) th Underwriters Political Actio	on Comm	ittee										
	me (Last, First, Middle Initial) DIe For Ben				Date of Disbursement								
Mailing	Address PO Box 31129		1		02 12 2018								
City Santa F		State NM	Zip Code 87594		FEC Identification Number								
2/15 D	e of Disbursement vinner ate Name			011	C C00443689 Transaction ID : 11780600								
	n, Ben, Ray, Rep., Jr.	ement For:	2010	Category/ Type	Amount of Each Disbursement this Period								
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B. NAT	NM District: 03 me (Last, First, Middle Initial) IONAL REPUBLICAN CONG Address 320 FIRST STREET	ITTEE	Date of Disbursement										
-	NGTON	State DC	Zip Code 20003		FEC Identification Number								
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	me (Last, First, Middle Initial) Bera For Congress				Date of Disbursement								
Mailing	Address PO Box 582496				02 22 2018								
City Elk Gro		State CA	Zip Code 95758		FEC Identification Number								
2/27 H Candida Bera	e of Disbursement IUPAC Reception ate Name a, Ami, , Rep., MD			011 Category/ Type	C C00461061 Transaction ID : 11861642 Amount of Each Disbursement this Period								
Office S	Sought: House Disburse Senate President CA District: 07	ement For: 2 Primary Other (spe	General		2000.00 2/27 HUPAC Reception Memo Item								
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SCHEDULE B (FEC Form 3X)					OR L		UMBER:	:			PAGE	56 O	F 59				
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$ \setminus$	NAME OF COMMITTEE (In Full)	•															
	Health Underwriters Political Action	on Comm	littee														
Α.	Full Name (Last, First, Middle Initial) Al Lawson For Congress		Date of	f Dist	oursei	ment											
	Mailing Address 400 North Adams St.						02 22 2018										
	City Tallahassee	State FL	Zip Code 32301				FEC Id	entific	cation	Num	oer						
	Purpose of Disbursement		32301	-	-		С	C004	46026	1		- T					
	2/27 HUPAC Reception			C)11		-	ansad	ction	ID : 11	8616	44					
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_	Full Name (Last, First, Middle Initial)						_										
в.	Loudermilk For Congress						Date of	f Dist			V	YYYY	7				
	Mailing Address PO Box 447						02	/	22			2018	Ŷ				
	City Cassville	State GA	Zip Code 30123				FEC Id	entific	cation	Num	ber						
	Purpose of Disbursement	04	30123	_	_		С	C005	54389	2		· · ·					
	2/27 HUPAC Reception Candidate Name			C	011		Tra	46									
	Loudermilk, Barry, , Rep.,				egory ype	y/	Amount of Each Disbursement this Pe										
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с.	Full Name (Last, First, Middle Initial) Carlos Curbelo Congress						Date of	f Dish	JUISEI	ment							
							M M	/	D		Y	YYY	Y				
	Mailing Address 8724 Sw 72nd St						02		22	2		2018					
	City Miami	State FL	Zip Code 33173				FEC Id	entific	cation	Num	oer						
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	Candidate Name)11						18616						
	Curbelo, Carlos, , Rep.,			Cate	egory ype	y/	Amount of Each Disbursement this Period										
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SCHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s)				E NUMBER: PAGE 57 OF 59											
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b					
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NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee															
Full Name (Last, First, Middle Initial) A. Young For Iowa, Inc.						Date o		sburse	_	nt / Y	Y	Y	Y				
Mailing Address PO Box 162		1				02		2	2		_20	18					
City Van Meter	State IA	Zip Code 50261				FEC Identification Number											
Purpose of Disbursement 2/27 HUPAC Reception Candidate Name				11			ansa	ction	ID :								
Young, David, , Rep.,	ement For: 2	2018	Cate Ty	egory /pe	/	Amour	nt of	Each	Dist		2	this P 000.00)				
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Full Name (Last, First, Middle Initial) B. Don Bacon For Congress Mailing Address PO Box 391368		Date of	_	D		nt / Y)18	Y								
City Omaha Purpose of Disbursement	State NE	Zip Code 68139	_	_	-	FEC Id		icatio 57516		ımber							
2/27 HUPAC Reception Candidate Name Bacon, Donald, , , Office Sought: X House Disburse Senate President	ement For: 2 Primary Other (spec	X General	Cate	911 egory /pe	1	Tr: Amour		,	Dist	ourser	nent 2)				
State: NE District: 02 Full Name (Last, First, Middle Initial)		51 1y)				Me	emo	Item									
C. Mchenry For Congress						Date c	_	D	D	nt / Y		Y	Y				
Mailing Address PO Box 2165						02		2	2		20	18					
City Gastonia Purpose of Disbursement 2/27 HUPAC Reception Candidate Name	State NC	Zip Code 28053	Cate	11 egory	/	FEC Identification Number C C00393629 Transaction ID : 11861692 Amount of Each Disbursement this Period											
McHenry, Patrick, Timothy, Rep., Office Sought: House Senate President State: NC District: 10	ement For: 2 Primary Other (spec	General		ype		Me	emo	Item	2/27	HUP	-	2000.00 Recepti					
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\square	NAME OF COMMITTEE (In Full)	•												
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A.	Full Name (Last, First, Middle Initial) Lance For Congress				Date of Disbursement									
	Mailing Address PO Box 225				02 22 2018									
	City Colonia	State NJ	Zip Code 07067		FEC Identification Number									
	Purpose of Disbursement 2/27 HUPAC Reception	110	07007		C C00444224									
	Candidate Name			011	Transaction ID : 11861697									
	Lance, Leonard, , Rep.,			Category/ Type	Amount of Each Disbursement this Period									
	Office Sought: X House Disburse	ement For:			2000.00									
	President	Primary Other (spe	cify) ▼		2/27 HUPAC Reception									
	State: NJ District: 07		., .		Memo Item									
В.	Full Name (Last, First, Middle Initial) Donald Norcross For Congress Mailing Address PO Box 160		Date of Disbursement											
					02 22 2018									
	City Collingswood	State NJ	Zip Code 08108		FEC Identification Number									
	Purpose of Disbursement 2/27 HUPAC Reception			011	C C00558320 Transaction ID : 11861700									
	Candidate Name			Category/	Amount of Each Disbursement this Period									
	Norcross, Donald, , Rep., Office Sought:	ement For:	2018	Туре	2000.00									
	· · ·	Primary	General		2/27 HUPAC Reception									
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C.	Full Name (Last, First, Middle Initial) Friends Of Todd Young, Inc.				Date of Disbursement									
•					M M / D D / Y Y Y Y Y									
	Mailing Address PO Box 1053				02 22 2018									
	City Pleomington	State IN	Zip Code 47402		FEC Identification Number									
	Bloomington Purpose of Disbursement 2/27 HUPAC Reception	IIN	47402	011	C C00459255									
	Candidate Name			Category/	Transaction ID : 11861703 Amount of Each Disbursement this Period									
	Young, Todd, , Sen., Office Sought: House Disburse	ement For:	2022	Туре	2000.00									
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 59 OF 59
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NAME OF COMMITTEE (In Full)					
Health Underwriters Political Acti	on Comm				
Full Name (Last, First, Middle Initial) A. Friends Of Dave Joyce					Date of Disbursement
Mailing Address 320 Kenarden Drive				02 / D D / Y Y Y Y 22 2018	
City	State	Zip Code			FEC Identification Number
Cleveland Purpose of Disbursement	ОН	OH 44143			C C00527457
011					
Candidate Name Category/				Transaction ID : 11914715 Amount of Each Disbursement this Period	
Joyce, Dave, , Rep., Type				2000.00	
	isbursement For: 2018				2000.00
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