

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 / 01 / 2018 through 02 / 28 / 2018

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

Signature of Treasurer Murphy, Jennifer, , , [Electronically Filed] Date 05 / 08 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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).....	67521.57	115517.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	362385.94	362385.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	87774.50	137030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	87774.50	137030.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2437.57	3679.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2437.57	3679.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	108500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	84.00	3338.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	84.00	3338.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67521.57	115517.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67521.57	115517.46

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

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

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

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

**A. Kite, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 629  
 City Roanoke State VA Zip Code 24004-0629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2018  
**Transaction ID : 11756583**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Mann, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Veterans Memorial Blvd Ste 200  
 City Metairie State LA Zip Code 70005-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eustis Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2018  
**Transaction ID : 11758024**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Garcia, Stephanie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1204 Central Avenue SW  
 City Albuquerque State NM Zip Code 87102-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Linton & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2018  
**Transaction ID : 11758511**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Gussin, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Palomar Airport Road #260  
 City Carlsbad State CA Zip Code 92011-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 05 / 2018  
**Transaction ID : 11758549**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Kestran, Craig, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W. 36th Ave., Ste 300  
 City Anchorage State AK Zip Code 99503-5805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Brokers of Alaska Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 05 / 2018  
**Transaction ID : 11759176**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Webb, Charles, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2670 Electric Rd  
 City Roanoke State VA Zip Code 24018-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2018  
**Transaction ID : 11759188**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	785.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dowd, Joseph, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 Midlantic Dr. #301 West  
 City Mount Laurel State NJ Zip Code 08054-1520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 06 / 2018  
**Transaction ID : 11765692**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Mellendorf, George, Albert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 Del Prado Suite 205  
 City Cape Coral State FL Zip Code 33904-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central States Ins Serv, Inc Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 01 / 2018  
**Transaction ID : 11766308**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Deagle, Michael, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 National Parkway Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 08 / 2018  
**Transaction ID : 11767995**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2565.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21820 Burbank Blvd,  
 North Building, Suite 300  
 City Woodland Hills State CA Zip Code 91367-6476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 02 / 08 / 2018  
**Transaction ID : 11767996**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Sterner, Heidi, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7881 W Charleston Blvd Suite 140  
 City Las Vegas State NV Zip Code 89117-8326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Group Benefits Services Occupation (for Individual) Insurance Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 11 / 2018  
**Transaction ID : 11780548**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Jetter, Art, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11305 Chicago Circle  
 City Omaha State NE Zip Code 68154-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Art Jetter & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : 11780585**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Harrison, Susan, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4400 Old Canton Road, Suite 240  
 City Jackson State MS Zip Code 39211-5992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The William Morris Group, P.A. Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : 11780588**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 W. Magistrate Loop  
 City Hayden State ID Zip Code 83835-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : 11780618**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott  
 City Allen State TX Zip Code 75002-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : 11780627**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	635.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Brummitt, Robert, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 755 Falcon Lane  
 Suite 200  
 City Coppel State TX Zip Code 75019-4160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AG Insurance Agencies Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.00

Date of Receipt 02 / 13 / 2018  
**Transaction ID : 11780826**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Stewart, Edward, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1248 Springfield Pike  
 City Cincinnati State OH Zip Code 45215-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ted Marty & Associates Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 13 / 2018  
**Transaction ID : 11780858**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Brummitt, Robert, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 755 Falcon Lane  
 Suite 200  
 City Coppel State TX Zip Code 75019-4160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AG Insurance Agencies Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 389.00

Date of Receipt 02 / 15 / 2018  
**Transaction ID : 11818582**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 742.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

**A. Owens, David, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Eisenhower Parkway  
 Second Floor  
 City Roseland State NJ Zip Code 07068-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E.B. Cohen & Co., Inc. Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 16 / 2018**  
**Transaction ID : 11819002**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kaiser, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 3858  
 City Hickory State NC Zip Code 28603-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broome Associated Insurance Agency Occupation (for Individual) Director of Health & Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **02 / 18 / 2018**  
**Transaction ID : 11819162**  
 Amount of Each Receipt this Period 315.00  
 Memo Item

**C. Griffey, Don, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Prim Rose Circle  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hailey-Campbell, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt **02 / 22 / 2018**  
**Transaction ID : 11859491**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	430.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Wilson, Thomas, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-6824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861745**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Rash, Susan, Maley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 West Laburnum Avenue, Suite 3  
 City Richmond State VA Zip Code 23227-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Benefit Consultants of Virginia, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861770**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. Rice, Russell, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8000 IH-10 West, # 715  
 City San Antonio State TX Zip Code 78230-3880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861773**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861777**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Howard, Michelle, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2850 West Grand Boulevard  
 City Detroit State MI Zip Code 48202-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861802**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Embry, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Road Suite 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : 11861804**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	670.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Fracchia, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30600 Telegraph Rd  
Suite 1225

City Bingham Farms	State MI	Zip Code 48025-5701
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Altruis Benefits Consulting	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2018

**Transaction ID : 11862081**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 901 Wilshire Drive  
Suite 300

City Troy	State MI	Zip Code 48084-5611
--------------	-------------	------------------------

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

Name of Employer (for Individual) Wilshire Benefits Group Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2018

**Transaction ID : 11862113**

Amount of Each Receipt this Period  
170.00

Memo Item

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

Mailing Address 8033 Sunset Blvd., #982

City Los Angeles	State CA	Zip Code 90046-2401
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Alan Katz Group	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2018

**Transaction ID : 11862122**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1670.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**(Wooden) Lovincey, Rebecca, L., ,**

Mailing Address **201 NE Park Plaza Dr #293**

City <b>Vancouver</b>	State <b>WA</b>	Zip Code <b>98684-5881</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>AIMEA Insurance, Inc.</b>	Occupation (for Individual) <b>Agent</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**60.00**

Date of Receipt  
**02 / 26 / 2018**

**Transaction ID : 11862127**

Amount of Each Receipt this Period  
**30.00**

Memo Item

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

Mailing Address **P.O. Box 8222**

City <b>Springfield</b>	State <b>MO</b>	Zip Code <b>65801-8222</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Mercy Health Plans</b>	Occupation (for Individual) <b>Broker</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**384.00**

Date of Receipt  
**02 / 26 / 2018**

**Transaction ID : 11862129**

Amount of Each Receipt this Period  
**42.00**

Memo Item

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

Mailing Address **2786 Danbury Ct**

City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89523-2259</b>
---------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Menath Insurance Agency</b>	Occupation (for Individual) <b>Broker</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**360.00**

Date of Receipt  
**02 / 26 / 2018**

**Transaction ID : 11862150**

Amount of Each Receipt this Period  
**30.00**

Memo Item

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

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

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

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

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

Mailing Address 3312 W. Magistrate Loop

City Hayden	State ID	Zip Code 83835-5019
----------------	-------------	------------------------

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

Name of Employer (for Individual) Munger Insurance	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862159**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 803 Touralosa Dr

City Westfield	State IN	Zip Code 46074-7303
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Gregory & Appel Insurance	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
363.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862160**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta	State GA	Zip Code 30328-3854
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862162**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Smith, Nathaniel, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 77 Center Drive, Suite 125  
 City Charlotte State NC Zip Code 28217-0712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862163**  
 Amount of Each Receipt this Period 165.00  
 Memo Item

**B. Files, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 1490  
 City Jackson State MS Zip Code 39215-1490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fisher Brown Bottrell Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862167**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Crandall, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2375 E Camelback Rd Suite 250  
 City Phoenix State AZ Zip Code 85016-3491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services, LLC Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862171**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James, Keith, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6750 Poplar Avenue, Suite 208

City Memphis	State TN	Zip Code 38138-7414
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The James Group, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862173**

Amount of Each Receipt this Period  
875.00

Memo Item

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

Mailing Address 1040 N. Cotner Blvd.

City Lincoln	State NE	Zip Code 68505-2229
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Compensation Programs, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862177**

Amount of Each Receipt this Period  
925.00

Memo Item

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

Mailing Address 1040 N. Cotner Blvd.

City Lincoln	State NE	Zip Code 68505-2229
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : 11862178**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Cochran, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2131 Fawkes Lane  
 City Roanoke State TX Zip Code 76262-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caprock Health Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862184**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Cummings, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6325 Digital Way Ste 160  
 City Indianapolis State IN Zip Code 46278-1692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathfinder Insurance Training Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862187**  
 Amount of Each Receipt this Period 215.00  
 Memo Item

**C. Hill, Donna, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862188**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Weber, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 N Wacker Dr  
 Suite 500  
 City Chicago State IL Zip Code 60606-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Benefit Advisors Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862193**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Stedt, Margaret, Evelyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 486 Calle Amigo  
 City San Clemente State CA Zip Code 92673-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 185.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862195**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Lovich, Cathryn, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 Greenwich Road  
 Suite 106  
 City Virginia Beach State VA Zip Code 23462-6541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gardner Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862196**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Henehan, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 685 Carnegie Dr., Ste. #205  
 City San Bernardino State CA Zip Code 92408-3550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Henehan Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862197**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Deagle, Michael, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 935 National Parkway Suite 93550  
 City Schaumburg State IL Zip Code 60173-5150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862213**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Schmidt, Kenneth, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1332 Hunters Hollow Court  
 City Eureka State MO Zip Code 63025-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sonus Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862215**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Goldmann, Donald, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8502 East Chapman Ave.  
 Suite 168  
 City Orange State CA Zip Code 92869-2461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11862217**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

**B. Bechtold, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 Stone Cliff Trace  
 City Cleveland State GA Zip Code 30528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862247**  
 Amount of Each Receipt this Period 47.00  
 Memo Item

**C. Mordo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 West Main St, Route 520  
 City Holmdel State NJ Zip Code 07733-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SlatteryGA, A division of Arthur J. Ga Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 84.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862250**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	504.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Booth, Neil, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23901 Calabasas Road, Suite 2014  
 City Calabasas State CA Zip Code 91302-3307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Marketing Administrators INC Occupation (for Individual) Broker & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862254**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Johnson, Judy, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5581 N Barrasca Ave  
 City Tucson State AZ Zip Code 85750-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862258**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Starr, Gwyn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27777 Franklin Rd, Ste 1300  
 City Southfield State MI Zip Code 48034-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862267**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Frazier, Katherine, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19501 NW Krieger Road  
 City Ridgefield State WA Zip Code 98642-8542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frazier Benefits Group Occupation (for Individual) Owner and Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862279**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Morier, Dennis, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Abbott St  
 City Detroit State MI Zip Code 48226-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Results Marketing, Inc. Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862280**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Farwell, Blair, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 E. Woodfield Road, Ste 110E  
 City Schaumburg State IL Zip Code 60173-4945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resource Brokerage, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862281**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Oleksiak, Edward, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12712 Park Central Drive  
 Suite 100  
 City Dallas State TX Zip Code 75251-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862287**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Blackford, Stephen, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11481 Old St. Augustine Rd., # 201  
 City Jacksonville State FL Zip Code 32258-1475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862289**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mayer, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 W Long Lake Suite 250  
 City Troy State MI Zip Code 48098-6355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862291**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Furay, Guy, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Trade Street  
 City Greer State SC Zip Code 29651-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Insurance Source Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862320**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Shippy, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45174 Cass Ave  
 City Utica State MI Zip Code 48317-5507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) John J Boyd & Associates Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862351**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Martinez, Ettie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 East 2700 S, Suite 140  
 City Salt Lake City State UT Zip Code 84109-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Team Nash Occupation (for Individual) Personal Plans Team Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11862383**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Schreder, Lynn, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 North 25th Street

City Fort Dodge	State IA	Zip Code 50501-4338
--------------------	-------------	------------------------

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

Name of Employer (for Individual) KHI Solutions	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : 11862389**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 5015 Campuswood Dr. Suite 204 E

City East Syracuse	State NY	Zip Code 13057-4204
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Benefit Design Services Corp.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : 11862433**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address 32110 Agoura Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2018

**Transaction ID : 11862435**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 59  
(check only one)

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

**A. Selinsky, Steven, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28638 Oak Point Drive

City Farmington Hills	State MI	Zip Code 48331-2706
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Alliance Plan	Occupation (for Individual) Director of Sales
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2018

**Transaction ID : 11862454**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 6018 E Lowden Rd.

City Cave Creek	State AZ	Zip Code 85331-3004
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RXBenefits	Occupation (for Individual) Vice President of Business Developme
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2018

**Transaction ID : 11862457**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 3000 A Street, Suite 400

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

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

Name of Employer (for Individual) The Wilson Agency, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2018

**Transaction ID : 11862463**

Amount of Each Receipt this Period  
170.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Smith, Paul, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Queen Street  
 City Southington State CT Zip Code 06489-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paul E Smith Insurance, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862486**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Ragusa, Ruth, Ferry, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9029 Jefferson Highway Suite D 250  
 City New Orleans State LA Zip Code 70123-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fleurins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862490**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Blackford, Stephen, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11481 Old St. Augustine Rd., # 201  
 City Jacksonville State FL Zip Code 32258-1475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862498**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Moriello, Nicholas, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Continental Drive  
 Suite 305  
 City Newark State DE Zip Code 19713-4336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862500**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Malooley, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Quantum Lakes Drive Suite 203  
 City Boynton Beach State FL Zip Code 33426-8323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michele Malooley Independent Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862502**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. Rubio, Hilario, Francisco, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 8th St.  
 City Las Vegas State NM Zip Code 87701-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CORE Financial Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 11862503**  
 Amount of Each Receipt this Period 490.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1855.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stricker, Gerald, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5708 Farlook Dr  
 City Cincinnati State OH Zip Code 45247-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Walter P. Dolle Ins. Agency Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 02 / 28 / 2018  
**Transaction ID : 11862506**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Fomalont, Eva, Jean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 Juan Tabo NE, Ste A  
 City Albuquerque State NM Zip Code 87112-3309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Benefit Source Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 02 / 28 / 2018  
**Transaction ID : 11862519**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Hoffman, Crystal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 709  
 City Sugar Land State TX Zip Code 77487-0709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Benefit Concepts, Inc. Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 02 / 28 / 2018  
**Transaction ID : 11862521**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Harte, Thomas, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 183 Rockingham Road  
 Unit 2, East  
 City Windham State NH Zip Code 03087-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Landmark Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 11862529**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Waltman, Jessica, Fulginiti, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Doyle Road  
 City Wayne State PA Zip Code 19087-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : 11864863**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Koehler, Linda Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Main Street  
 City Pleasanton State CA Zip Code 94566-8206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herzog Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : 11864864**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Cociu, Dorothy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677

City Fullerton	State CA	Zip Code 92834-6677
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : 11864865**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. Wallace, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 Broadway

City Bellingham	State WA	Zip Code 98225-3036
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : 11864867**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. McFerrin, Dwane, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510

City Omaha	State NE	Zip Code 68114-3432
---------------	-------------	------------------------

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

Name of Employer (for Individual) Senior Market Sales, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : 11864868**

Amount of Each Receipt this Period  
 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Rash, Susan, Maley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 West Laburnum Avenue, Suite 3  
 City Richmond State VA Zip Code 23227-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Benefit Consultants of Virginia, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : 11864869**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 W. Magistrate Loop  
 City Hayden State ID Zip Code 83835-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11864870**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 West Main Street  
 City Lewisville State TX Zip Code 75057-3863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : 11864872**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Lawler, Joseph, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2377 Boston Road  
 P. O. Box 369  
 City Wilbraham State MA Zip Code 01095-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Gaudreau Group Occupation (for Individual) Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : 11864873**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Garcia, Stephanie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1204 Central Avenue SW  
 City Albuquerque State NM Zip Code 87102-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Linton & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 02 / 2018**  
**Transaction ID : 11865126**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mayville, Vickie, Eileen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 232325  
 City Las Vegas State NV Zip Code 89105-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayville Incorporated Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ - 72.00

Date of Receipt **02 / 07 / 2018**  
**Transaction ID : 12035502**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totalling \$84.00 This changes the YTD Total to \$-72.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38176 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Drugstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4330509**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. McPike, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 N. Cotner Blvd.  
 City Lincoln State NE Zip Code 68505-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compensation Programs, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4332017**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Cummings, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6325 Digital Way Ste 160  
 City Indianapolis State IN Zip Code 46278-1692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathfinder Insurance Training Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4334083**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Starr, Gwyn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27777 Franklin Rd, Ste 1300  
 City Southfield State MI Zip Code 48034-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4336882**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. McPike, Brian, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 N. Cotner Blvd.  
 City Lincoln State NE Zip Code 68505-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Compensation Programs, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4368671**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Green, J. J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 W. 2nd St.  
 City Grand Island State NE Zip Code 68801-5709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primark, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : 4369183**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Avery, Michael, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 North Dixie  
 City Odessa State TX Zip Code 79761-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AL J. Avery & Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 4371606**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Johnson, Judy, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5581 N Barrasca Ave  
 City Tucson State AZ Zip Code 85750-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 4372911**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Kaiser, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 3858  
 City Hickory State NC Zip Code 28603-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broome Associated Insurance Agency Occupation (for Individual) Director of Health & Benefits  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 4374337**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. James, Keith, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6750 Poplar Avenue, Suite 208  
 City Memphis State TN Zip Code 38138-7414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The James Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 4374696**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Morier, Dennis, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Abbott St  
 City Detroit State MI Zip Code 48226-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Results Marketing, Inc. Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 5108246**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Schreder, Lynn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 North 25th Street  
 City Fort Dodge State IA Zip Code 50501-4338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR433076118062**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. McFerrin, Dwane, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR433168118062**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Vetter, Leah, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10050 Regency Circle  
 Suite 300  
 City Omaha State NE Zip Code 68114-3721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur J. Gallagher Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR433302718062**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. (Wooden) Lovincey, Rebecca, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 NE Park Plaza Dr #293  
 City Vancouver State WA Zip Code 98684-5881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AIMEA Insurance, Inc. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR433347118062**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

**A. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave. NW, Ste 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR436821418062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. Cociu, Dorothy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR436844618062**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Stenger, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8926 Crown Colony Boulevard  
 City Fort Myers State FL Zip Code 33908-5627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVS Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR436939918062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Parker, John, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hope St  
 Unit 1312  
 City Niantic State CT Zip Code 06357-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR436986818062**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**B. Fristoe, Kelly, Don, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 8th Street, Suite 300  
 City Wichita Falls State TX Zip Code 76301-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437002318062**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Drive  
 Ste 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437076118062**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	514.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Koehler, Linda Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Main Street  
 City Pleasanton State CA Zip Code 94566-8206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herzog Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437090118062**  
 Amount of Each Receipt this Period 205.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Henehan, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 685 Carnegie Dr., Ste. #205  
 City San Bernardino State CA Zip Code 92408-3550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Henehan Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437097918062**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Roberts, Joseph, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1128 Lincoln Mall Suite 200  
 City Lincoln State NE Zip Code 68508-2878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNICO Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437118018062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	460.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Wilson, Thomas, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-6824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boley Featherston Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437119018062**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$55.00 Monthly)

**B. Benton, Bruce, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17200 Ventura Blvd Suite 312  
 City Encino State CA Zip Code 91316-5018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437123018062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**C. Braden, Victoria, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3875 Johns Creek Parkway, Suite C  
 City Suwanee State GA Zip Code 30024-1294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Braden Benefit Strategies, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437201918062**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Howard, Michelle, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2850 West Grand Boulevard  
 City Detroit State MI Zip Code 48202-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR437215218062**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Mordo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 West Main St, Route 520  
 City Holmdel State NJ Zip Code 07733-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SlatteryGA, A division of Arthur J. Ga Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR437249618062**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

**C. Toups, Jennifer, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address #1 Galleria Blvd, Suite 1122  
 City Metairie State LA Zip Code 70001-2092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR437270518062**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Summers, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City Omaha State NE Zip Code 68114-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437281018062**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

**B. Smith, David, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Englewood Avenue  
 City Durham State NC Zip Code 27701-1105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ebenconcepts Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437474518062**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**C. Fitzgerald, Robert, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 N. Highland Ave NE # 427  
 City Atlanta State GA Zip Code 30306-4685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR437488418062**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Rider, Susan, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 803 Touralosa Dr  
 City Westfield State IN Zip Code 46074-7303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gregory & Appel Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 426.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437510718062**  
 Amount of Each Receipt this Period  
 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

**B. Stedt, Margaret, Evelyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 486 Calle Amigo  
 City San Clemente State CA Zip Code 92673-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437529918062**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Starks, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Crescent Circle Suite 201  
 City Ridgeland State MS Zip Code 39157-8686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437603118062**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Griffey, Don, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Prim Rose Circle  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hailey-Campbell, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR437709418062**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Waltman, Jessica, Fulginiti, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Doyle Road  
 City Wayne State PA Zip Code 19087-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR470100118062**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Petersen, Benjamin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 971  
 City Ridgefield State WA Zip Code 98642-0971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Nora Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR492528818062**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.00
<b>TOTAL</b> This Period (last page this line number only).....	47080.00

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number  
  
**Transaction ID : 11865143**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number  
  
**Transaction ID : 11865144**  
Amount of Each Disbursement this Period  
  
Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Tony Cardenas For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2/5 Dinner

**011**  
Category/  
Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement  
MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number  
**C** C00498873  
**Transaction ID : 11757275**  
Amount of Each Disbursement this Period  
2500.00

Memo Item 2/5 Dinner

**B. Scalise Leadership Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 317 15TH ST NE  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2/5 Dinner

**011**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number  
**C**  
**Transaction ID : 11757276**  
Amount of Each Disbursement this Period  
1500.00

Memo Item 2/5 Dinner

**C. Angus King For Us Senate Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 114 Maine Street Suite 1a  
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement  
2/6 Dinner

**011**  
Category/  
Type

Candidate Name  
**King, Angus, S., Sen., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: ME District:

Date of Disbursement  
MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number  
**C** C00516047  
**Transaction ID : 11757277**  
Amount of Each Disbursement this Period  
1000.00

Memo Item 2/6 Dinner

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Pete Sessions For Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
2/6 Dinner

011  
Category/  
Type

Candidate Name  
**Sessions, Pete, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 32

Date of Disbursement  
MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number  
C00303305  
**Transaction ID : 11757278**  
Amount of Each Disbursement this Period  
1000.00

Memo Item  
2/6 Dinner

Full Name (Last, First, Middle Initial)

**B. Pittenger For Congress Llc**

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement  
2/5 Lunch

011  
Category/  
Type

Candidate Name  
**Pittenger, Robert, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  
State: NC District: 09

Date of Disbursement  
MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number  
C00514513  
**Transaction ID : 11758022**  
Amount of Each Disbursement this Period  
1000.00

Memo Item  
2/5 Lunch

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2018 Membership 2/5 Reception

011  
Category/  
Type

Candidate Name  
**NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

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

Date of Disbursement  
MM / DD / YYYY  
02 / 05 / 2018

FEC Identification Number  
C00027466  
**Transaction ID : 11759163**  
Amount of Each Disbursement this Period  
15000.00

Memo Item  
2018 Membership 2/5 Reception

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

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

17000.00



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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2/15 Dinner

Category/Type

Candidate Name  
**Lujan, Ben, Ray, Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NM District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11780600**

Amount of Each Disbursement this Period

2/15 Dinner

Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2018 Membership Dues

Category/Type

Candidate Name  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11818624**

Amount of Each Disbursement this Period

2018 Membership Dues

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ami Bera For Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2/27 HUPAC Reception

Category/Type

Candidate Name  
**Bera, Ami, , Rep., MD**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 07

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 11861642**

Amount of Each Disbursement this Period

2/27 HUPAC Reception

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Al Lawson For Congress**

Date of Disbursement  

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

Mailing Address 400 North Adams St.

FEC Identification Number  
**C** C00460261  
**Transaction ID : 11861644**  
 Amount of Each Disbursement this Period  

2000.00
---------

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement 2/27 HUPAC Reception  
 Category/Type **011**

Candidate Name **Lawson, Alfred, , Jr**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: FL District: 05

Memo Item  
 2/27 HUPAC Reception

Full Name (Last, First, Middle Initial)  
**B. Loudermilk For Congress**

Date of Disbursement  

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

Mailing Address PO Box 447

FEC Identification Number  
**C** C00543892  
**Transaction ID : 11861646**  
 Amount of Each Disbursement this Period  

2000.00
---------

City Cassville State GA Zip Code 30123

Purpose of Disbursement 2/27 HUPAC Reception  
 Category/Type **011**

Candidate Name **Loudermilk, Barry, , Rep.,**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 11

Memo Item  
 2/27 HUPAC Reception

Full Name (Last, First, Middle Initial)  
**C. Carlos Curbelo Congress**

Date of Disbursement  

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2018

Mailing Address 8724 Sw 72nd St

FEC Identification Number  
**C** C00546846  
**Transaction ID : 11861673**  
 Amount of Each Disbursement this Period  

2000.00
---------

City Miami State FL Zip Code 33173

Purpose of Disbursement 2/27 HUPAC Reception  
 Category/Type **011**

Candidate Name **Curbelo, Carlos, , Rep.,**  
 Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: FL District: 26

Memo Item  
 2/27 HUPAC Reception

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

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Young For Iowa, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 162		FEC Identification Number C00545616 <b>Transaction ID : 11861675</b>
City Van Meter	State IA	Zip Code 50261
Purpose of Disbursement 2/27 HUPAC Reception	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Young, David, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IA District: 03	<input type="checkbox"/> Memo Item 2/27 HUPAC Reception	

Full Name (Last, First, Middle Initial) <b>B. Don Bacon For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 391368		FEC Identification Number C00575167 <b>Transaction ID : 11861686</b>
City Omaha	State NE	Zip Code 68139
Purpose of Disbursement 2/27 HUPAC Reception	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Bacon, Donald, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NE District: 02	<input type="checkbox"/> Memo Item 2/27 HUPAC Reception	

Full Name (Last, First, Middle Initial) <b>C. Mchenry For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 2165		FEC Identification Number C00393629 <b>Transaction ID : 11861692</b>
City Gastonia	State NC	Zip Code 28053
Purpose of Disbursement 2/27 HUPAC Reception	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>McHenry, Patrick, Timothy, Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NC District: 10	<input type="checkbox"/> Memo Item 2/27 HUPAC Reception	

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lance For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 225		FEC Identification Number C00444224 <b>Transaction ID : 11861697</b>
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement 2/27 HUPAC Reception		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Lance, Leonard, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Donald Norcross For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 160		FEC Identification Number C00558320 <b>Transaction ID : 11861700</b>
City Collingswood	State NJ	Zip Code 08108
Purpose of Disbursement 2/27 HUPAC Reception		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Norcross, Donald, , Rep.,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: NJ	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Todd Young, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 1053		FEC Identification Number C00459255 <b>Transaction ID : 11861703</b>
City Bloomington	State IN	Zip Code 47402
Purpose of Disbursement 2/27 HUPAC Reception		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Young, Todd, , Sen.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: IN	District:	

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Friends Of Dave Joyce**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement

Candidate Name  
**Joyce, Dave, , Rep.,**

Office Sought:  House  Senate  President  
State: OH District: 14

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 22 / 2018

FEC Identification Number: C 00527457  
**Transaction ID : 1914715**

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Katko For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2/27 HUPAC Reception

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

Office Sought:  House  Senate  President  
State: NY District: 24

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C 00556365  
**Transaction ID : 12035496**

Amount of Each Disbursement this Period: 2000.00  
2/27 HUPAC Reception

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

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

4000.00
65000.00