

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

Office Use Only

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

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
12 01 2017

through

M M / D D / Y Y Y Y Y Y  
12 31 2017

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

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
01 04 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.

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">166294.99</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">328919.29</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">43668.50</span>	<span style="border: 1px solid black; padding: 2px;">598563.13</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">372587.79</span>	<span style="border: 1px solid black; padding: 2px;">764858.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">31714.39</span>	<span style="border: 1px solid black; padding: 2px;">423984.72</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">340873.40</span>	<span style="border: 1px solid black; padding: 2px;">340873.40</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	35878.50	382157.00
(ii) Unitemized .....	7790.00	216406.13
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	43668.50	598563.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43668.50	598563.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43668.50	598563.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43668.50	598563.13

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1214.39	17937.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1214.39	17937.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	401950.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	3097.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3097.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
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)) ..	31714.39	423984.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31714.39	423984.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	43668.50	598563.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3097.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43668.50	595465.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1214.39	17937.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1214.39	17937.22

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

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

FOR LINE NUMBER: PAGE 6 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Wham, Scott, , ,

Mailing Address 145 E 5th Avenue

City  
Conshohocken

State  
PA

Zip Code  
19428-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kistler Tiffany Benefits

Occupation (for Individual)

Director of Compliance Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2017

Transaction ID : 11594461

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Aiken, Tonya, F., ,

Mailing Address 10330 Airline Hwy  
Suite 1 & 2B

City  
Baton Rouge

State  
LA

Zip Code  
70816-4093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2017

Transaction ID : 11594468

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Kite, William, , ,

Mailing Address PO Box 629

City  
Roanoke

State  
VA

Zip Code  
24004-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D&S Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2017

Transaction ID : 11594471

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

362.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Stout, Pam, , ,

Mailing Address 3500 N College Ave  
Suite 1

City  
Fayetteville

State  
AR

Zip Code  
72703-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Redline Health Broker

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2017

Transaction ID : 11594472

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Moore, David, R., ,

Mailing Address PO Box 1006

City  
Burlington

State  
NC

Zip Code  
27216-1006

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594823

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Naville, Jason, A., ,

Mailing Address 14220 Overbrook Drive

City  
Carmel

State  
IN

Zip Code  
46074-7724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AFLAC

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594824

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bellman, Mark, , ,**

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

City  
West Lake Hills

State  
TX

Zip Code  
78746-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594826

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Musser, Ray, M., ,**

Mailing Address 404 North Second Avenue, Suite E

City  
Upland

State  
CA

Zip Code  
91786-4793

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594827

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Brannon, William, J., ,**

Mailing Address 2 Terrace Way, Suite B

City  
Greensboro

State  
NC

Zip Code  
27403-3663

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594828

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

165.00



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

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

FOR LINE NUMBER: PAGE 9 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Christenson, Shawnee, , ,

Mailing Address PO Box 16394

City  
Minneapolis

State  
MN

Zip Code  
55416-0394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crosstown Insurance

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2017

Transaction ID : 11594830

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Frizen, Bruce, , ,

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City  
Charlotte

State  
NC

Zip Code  
28226-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.E. Goodgame & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594844

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Shores, Thomas, E., ,

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T.A. Shores Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594845

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

99.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Schneider, Chad, P., ,

Mailing Address 848 W. Eastman St.  
STE 104

City  
Chicago

State  
IL

Zip Code  
60642-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jellyvision

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594846

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Beck, Carolyn, , ,

Mailing Address 101 Plaza East Blvd

City

Evansville

State

IN

Zip Code

47715-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIHO Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594847

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Meredith, Griffin, , ,

Mailing Address 550 S 5th St Unit 303

City

Louisville

State

KY

Zip Code

40202-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Insurance Partners

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594848

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

212.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Schaut, Ned, W., ,

Mailing Address 7850 Hubbard Road

City  
Auburn

State  
CA

Zip Code  
95602-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eureka Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594849

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

B. Warwick, John, L., ,

Mailing Address 1907 B Mangrove Ave.

City  
Chico

State  
CA

Zip Code  
95926-2381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Warwick Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594850

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Liechty, Brian, W., ,

Mailing Address 120 East Washington Street

City  
Plymouth

State  
IN

Zip Code  
46563-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TCU Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2017

Transaction ID : 11594855

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

127.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Banchy, Kate, , ,

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spectrum Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594858

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Castleberry, Mike, R., ,

Mailing Address 506 Holly St

City  
Little Rock

State  
AR

Zip Code  
72205-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthSCOPE Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594859

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Rice, Patty, A., ,

Mailing Address 8921 51st St W

City  
University Place

State  
WA

Zip Code  
98467-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cascade Valley Insurance

Occupation (for Individual)  
Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594860

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

147.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Gwin, David, R., ,

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

City  
Columbia

State  
SC

Zip Code  
29219-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BlueChoice HealthPlan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594861

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Skiles, Nash, , ,

Mailing Address 1574 Lititz Pike

City

Lancaster

State

PA

Zip Code

17601-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BeneChoice Enrollment Solution & Techn

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594862

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

C. Mochan, Damian, , ,

Mailing Address 100 Radnor Rd Ste 202

City

State College

State

PA

Zip Code

16801-7986

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central PA Benefit Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594866

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

147.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Kane, Karen, T., ,

Mailing Address PO Box 20185

City  
PortlandState  
ORZip Code  
97294-0185FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Solutions NW, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594870

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Casinelli, Patrick, , ,

Mailing Address 450 B St # 1800

City  
San DiegoState  
CAZip Code  
92101-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavignac & AssociatesOccupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594925

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Viola, Robert, , ,

Mailing Address One West First Avenue Ste 305

City  
ConshohockenState  
PAZip Code  
19428-6801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Megro CorporationOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : 11594931

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

478.00

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 15 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ashby, Thomas, F., ,**

Mailing Address P. O. Box 70

City  
Zirconia

State  
NC

Zip Code  
28790-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Healthcare Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

**Transaction ID : 11595303**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 587 Del Giorno Street

City  
Las Vegas

State  
NV

Zip Code  
89138-7501

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

**Transaction ID : 11595306**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 701 Palomar Airport Road #260

City  
Carlsbad

State  
CA

Zip Code  
92011-1047

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

**Transaction ID : 11595308**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

230.00

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

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

FOR LINE NUMBER: PAGE 16 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Allumbaugh, Joel, C., ,

Mailing Address 6 E. Chestnut St., Suite 520

City  
AugustaState  
MEZip Code  
04330-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Worksite Benefit GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

Transaction ID : 11595312

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Sherrill, David, M., ,

Mailing Address 407 Centerpointe Circle, Suite 163

City  
Altamonte SpringsState  
FLZip Code  
32701-3446FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

Transaction ID : 11595313

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Moore, Robert, L., ,

Mailing Address 1644 Plank Rd

City  
DuncansvilleState  
PAZip Code  
16635-8376FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

Transaction ID : 11595314

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Rianhard, R. Dane, , ,

Mailing Address 1 E. Pratt St., Unit 902

City  
BaltimoreState  
MDZip Code  
21202-1193FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

Transaction ID : 11595315

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Deru, Scott, E., ,

Mailing Address PO Box 336

City  
LaytonState  
UTZip Code  
84041-0336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits AnalystsOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

Transaction ID : 11595317

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Storz, Ulrich, S., ,

Mailing Address 987 University Avenue, #14

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2017

Transaction ID : 11595349

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Webb, Charles, A., ,

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2017

Transaction ID : 11595351

Amount of Each Receipt this Period

250.00



Memo Item

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

B. Odegard, James, , ,

Mailing Address 21308 John Milless Drive  
Suite 102

City

Rogers

State

MN

Zip Code

55374-4875

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Odegard Benefit Services, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2017

Transaction ID : 11595352

Amount of Each Receipt this Period

30.00



Memo Item

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

C. Scholz, Paul, Joseph, ,

Mailing Address 17445 Arbor St  
Suite 310

City

Omaha

State

NE

Zip Code

68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OCI Insurance and Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2017

Transaction ID : 11595353

Amount of Each Receipt this Period

85.00



Memo Item

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

365.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. DeBruin, Teresa, F., ,

Mailing Address 5441 Edgerton Drive

City

Peachtree Corners

State

GA

Zip Code

30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DeBruin Benefit Services, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595408

Amount of Each Receipt this Period

50.00



Memo Item

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

B. Sautter, Robert, E., ,

Mailing Address 6330 S 3000 E, Suite 670

City

Salt Lake City

State

UT

Zip Code

84121-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Client Adviser

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595410

Amount of Each Receipt this Period

42.00



Memo Item

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

C. Passe, Emma, M., ,

Mailing Address 6984 SE Langwood St

City

Hillsboro

State

OR

Zip Code

97123-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EBMS

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595411

Amount of Each Receipt this Period

12.00



Memo Item

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

104.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Boop, Deborah, R., ,

Mailing Address 145 North Chestnut Street  
Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595412

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Pendorf, Paul, , ,

Mailing Address 31666 W. Nine Dr.

City

Laguna Niguel

State

CA

Zip Code

92677-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent Financial Group LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595413

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Griffin, Mary, , ,

Mailing Address 14 Commerce Road

City

Newtown

State

CT

Zip Code

06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TR Paul, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2017

Transaction ID : 11595415

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bosnakis, Gina, , ,**

Mailing Address 801 B Street  
Suite #505A

City  
Anchorage

State  
AK

Zip Code  
99501-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gina Bosnakis & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

**Transaction ID : 11595416**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Bremer, Emily, Black, ,**

Mailing Address 8000 Bonhomme Ave., # 213

City

Saint Louis

State  
MO

Zip Code  
63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bremer Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

**Transaction ID : 11595417**

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**C. Fomalont, Eva, Jean, ,**

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)  
Benefit Source

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2017

**Transaction ID : 11595547**

Amount of Each Receipt this Period

575.00

☐ Memo Item

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

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

658.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

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

**Transaction ID : 11595551**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

Mailing Address 371 Steeple Chase Dr

City

Cranberry Twp

State

PA

Zip Code

16066-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHS Alera Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11595552**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address PO Box 99565

City

Louisville

State

KY

Zip Code

40269-0565

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

**Transaction ID : 11595553**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

156.00

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

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

FOR LINE NUMBER: PAGE 23 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 500 Faunce Corner Rd  
Bldg 100, Suite 120

City  
Dartmouth

State  
MA

Zip Code  
02747-1255

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

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

Transaction ID : 11595554

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 25B Hanover Road Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : 11595555

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Jones, Alan, L., ,**

Mailing Address 3420 Pump Road, #144

City

Richmond

State

VA

Zip Code

23233-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TPA Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID : 11595556

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

147.00

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

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

FOR LINE NUMBER: PAGE 24 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Patrician, James, P., ,**

Mailing Address 923 N. Plum Grove Road, Suite C

City  
Schaumburg

State  
IL

Zip Code  
60173-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coordinated Benefits Company

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 11595557

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Deagle, Michael, P., ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

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

Transaction ID : 11595558

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Pendergraft, Ross, W., ,**

Mailing Address 21820 Burbank Blvd,  
North Building, Suite 300

City  
Woodland Hills

State  
CA

Zip Code  
91367-6476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

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

Transaction ID : 11595559

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

310.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Graves, Matthew, , ,**

Mailing Address 1115 Taylor Ave North  
Suite 112

City  
Grand Rapids

State  
MI

Zip Code  
49503-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lighthouse Insurance Group

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11595563**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 2950 Breckenridge Lane, Suite 8

City  
Louisville

State  
KY

Zip Code  
40220-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schwartz Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

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

**Transaction ID : 11595564**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Fairbairn, Nicole, , ,**

Mailing Address 8069 Little Circle Road

City  
Noblesville

State  
IN

Zip Code  
46060-1071

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11595565**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 26 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Redmon, Bridget, L., ,

Mailing Address 2684 Charlestown Road

City  
New Albany

State  
IN

Zip Code  
47150-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISU Insurance & Investment Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID : 11595566

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Garven, John, P., ,

Mailing Address P. O. Box 8

11715 East Main Street -

City  
Huntley

State  
IL

Zip Code  
60142-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benico, LTD

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

Transaction ID : 11595567

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Buyalos, Joseph, W., ,

Mailing Address 9713 Key West Ave, Suite 401

City  
Rockville

State  
MD

Zip Code  
20850-4082

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

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

Transaction ID : 11595568

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

147.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1203 Colonial Circle

City  
Papillion

State  
NE

Zip Code  
68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buechler Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595590

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 5825 Oberlin Drive  
Suite 4

City  
San Diego

State  
CA

Zip Code  
92121-3777

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AmCheck

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595591

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 2435 N Dixie Hwy

City  
Wilton Manors

State  
FL

Zip Code  
33305-2239

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595593

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Wong, William, W., ,

Mailing Address 43 Waverly Place

City

San Francisco

State

CA

Zip Code

94108-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bill Wong &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595594

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Buffington, Tammy, , ,

Mailing Address 3112 South 13th

City

Lincoln

State

NE

Zip Code

68502-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A+ Brokerage

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595595

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Snowden, Scott, D., ,

Mailing Address 812 Lyndon Lane, Suite 101

City

Louisville

State

KY

Zip Code

40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Snowden &amp; Associates, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2017

Transaction ID : 11595599

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2017

**Transaction ID : 11595600**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 3611 Paesanos Pkwy  
Ste 100

City  
San Antonio

State  
TX

Zip Code  
78231-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2017

**Transaction ID : 11595601**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 203 E Main #B

City  
Union

State  
MO

Zip Code  
63084-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Senior Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2017

**Transaction ID : 11595602**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 30 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Sklar, Erika, , ,**

Mailing Address 1415 Walton Blvd

City  
Rochester Hills

State  
MI

Zip Code  
48309-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Crawford Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2017

Transaction ID : 11595605

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

**B. Weilmuenster, Alexis, , ,**

Mailing Address 585 Grove St  
Suite 145

City  
Herndon

State  
VA

Zip Code  
20170-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2017

Transaction ID : 11595607

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stearns, Candius, Michelle, ,**

Mailing Address 3290 W Big Beaver Rd  
Ste 503

City  
Troy

State  
MI

Zip Code  
48084-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride/DFB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2017

Transaction ID : 11595611

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

178.00

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

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

FOR LINE NUMBER: PAGE 31 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. O'Connell, Daniel, J., ,

Mailing Address 5080 Spectrum Dr #700E

City  
Addison

State  
TX

Zip Code  
75001-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Next Level Insurance Agency

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2017

Transaction ID : 11595612

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Nigro, Samuel, , ,

Mailing Address PO Box 697

City  
Elkhorn

State  
NE

Zip Code  
68022-0697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2017

Transaction ID : 11595613

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Bievenour, Kathleen, , ,

Mailing Address 15660 Dallas Parkway, Suite 500  
LB 60

City  
Dallas

State  
TX

Zip Code  
75248-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Insurance Exchange

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

759.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

Transaction ID : 11595621

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

233.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 7881 W Charleston Blvd Suite 140

City  
Las Vegas

State  
NV

Zip Code  
89117-8326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leavitt Group Benefits Services

Occupation (for Individual)  
Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : 11595625**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Spinelli, Frank, , ,**

Mailing Address 1100 Superior Avenue Street  
Suite 1500

City  
Cleveland

State  
OH

Zip Code  
44114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oswald Companies

Occupation (for Individual)  
VP Group Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : 11595626**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. McLaughlin, Kenneth, , ,**

Mailing Address 1001 Elm Street, Suite 301

City  
Manchester

State  
NH

Zip Code  
03101-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Granite Group Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : 11595629**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00



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

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

FOR LINE NUMBER: PAGE 33 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Journey, Gary, , ,**

Mailing Address 16545 Village Drive, Bldg B

City  
Jersey Village

State  
TX

Zip Code  
77040-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kainos Partners Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : 11595630**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : 11595633**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 214 East Lakewood Road

City  
West Palm Beach

State  
FL

Zip Code  
33405-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palm Beach Insurance Advisory Group, I

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11596581**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 5110 Maryland Way, Suite 250

City  
Brentwood

State  
TN

Zip Code  
37027-7508

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

**Transaction ID : 11596582**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

**B. Hinman, Noel, , ,**

Mailing Address 303 West 80th Place10070  
PO Box 10070

City  
Merrillville

State  
IN

Zip Code  
46410-5433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Professional Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

**Transaction ID : 11596583**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

Mailing Address 145 Dillon Ave  
Suite B

City  
Campbell

State  
CA

Zip Code  
95008-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Nest Ventures Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11596588**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

175.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stockstill, Julia Beckie, , ,**

Mailing Address 125 E. San Augustine

City  
Deer Park

State  
TX

Zip Code  
77536-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stockstill & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

**Transaction ID : 11596591**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Skinner, Douglas, , ,**

Mailing Address PO Box 1277

City  
Bloomington

State  
IN

Zip Code  
47402-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hoosier Dental Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 11596592**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Poole, Eugene, , ,**

Mailing Address 14117 Jones Bridge Road

City  
Upper Marlboro

State  
MD

Zip Code  
20774-8585

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

**Transaction ID : 11596593**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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

FOR LINE NUMBER: PAGE 36 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Gertz, Josh, , ,

Mailing Address 353 N Clark Street

City  
ChicagoState  
ILZip Code  
60654-4704FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mesirow FinancialOccupation (for Individual)  
Compliance Project Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID : 11596596

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Ramsay, Robert, Gene, ,

Mailing Address 1836 Harrison Drive

City  
GardendaleState  
ALZip Code  
35071-3468FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Your Benefits AdvisorOccupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : 11596600

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Johnson, David, S., ,

Mailing Address 12138 Big Canoe

City  
Big CanoeState  
GAZip Code  
30143-5157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David S. Johnson InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : 11596602

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

**A. Blum, Gregory, J., ,**

Mailing Address 2801 Coho Street

City  
MadisonState  
WIZip Code  
53713-4574FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hemb Insurance GroupOccupation (for Individual)  
Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID : 11596890

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

Mailing Address PO Box 17236

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

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

Transaction ID : 11596894

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Green, J. J., , ,**

Mailing Address 1219 W. 2nd St.

City  
Grand IslandState  
NEZip Code  
68801-5709FEC 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 ▼

360.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2017

Transaction ID : 11597117

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Capilla, Danielle, , ,**

Mailing Address One Pierce Place Suite 400E

City  
Itasca

State  
IL

Zip Code  
60143-2673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Benefit Advisors

Occupation (for Individual)  
Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597119

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Munger, David, , ,**

Mailing Address 3312 W. Magistrate Loop

City  
Hayden

State  
ID

Zip Code  
83835-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Munger Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597121

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Johnson, Jonathan, R., ,**

Mailing Address 8375 W Flamingo Road Suite 102

City  
Las Vegas

State  
NV

Zip Code  
89147-4149

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Distinctive Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597124

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

160.00

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

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

FOR LINE NUMBER: PAGE 39 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Kiebler, John, , ,**

Mailing Address 2530 Sir Barton Way, Suite 100

City  
Lexington

State  
KY

Zip Code  
40509-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

**Transaction ID : 11597125**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Johnson, John, P., ,**

Mailing Address 8414 N. Wall Street  
Ste C

City  
Spokane

State  
WA

Zip Code  
99208-6161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IFS

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

**Transaction ID : 11597126**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Blakely, Russ, , ,**

Mailing Address PO Box 11310

City  
Chattanooga

State  
TN

Zip Code  
37401-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Blakely & Associates, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

**Transaction ID : 11597127**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

165.00

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

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

FOR LINE NUMBER: PAGE 40 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1122 East Lincoln Avenue  
Suite 203

City  
Orange

State  
CA

Zip Code  
92865-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bridge Port Benefits

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597128

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Schiebel &amp; Associates, LLC dba Shopben

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597129

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

Mailing Address 40 E. McDermott

City  
Allen

State  
TX

Zip Code  
75002-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The DI Center

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597130

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

300.00



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

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

FOR LINE NUMBER: PAGE 41 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 4920 Pleasant St.  
Suite 3

City

West Des Moines

State

IA

Zip Code

50266-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colonial Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2017

Transaction ID : 11597135

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

Mailing Address 935 Moraga Road  
Suite 240

City

Lafayette

State

CA

Zip Code

94549-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BLIS Corp. dba Lee Health Insurance Se

Occupation (for Individual)

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

Transaction ID : 11597154

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 2180 American Flyer Way

City

Brooksville

State

FL

Zip Code

34604-6829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

E-TeleQuote

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

Transaction ID : 11597155

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Durand, Tina, , ,**

Mailing Address 4717 Gollihar Road

City

Corpus Christi

State

TX

Zip Code

78411-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Heavin, Otto &amp; Leavitt Insurance Servi

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2017

Transaction ID : 11597158

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Smith, Michael, David, ,**

Mailing Address 233 West Main Street

City

Lewisville

State

TX

Zip Code

75057-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Brokerage, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2017

Transaction ID : 11597160

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Lorsch, Debbie, , ,**

Mailing Address 3601 Algonquin Road, Suite 615

City

Rolling Meadows

State

IL

Zip Code

60008-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fringe Funding, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2017

Transaction ID : 11597161

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

102.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Webb, Amy, R., ,**

Mailing Address 7 E. Main Street  
Suite 200

City  
Moorestown

State  
NJ

Zip Code  
08057-3339

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597163**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Castellani, Lorelei, G., ,**

Mailing Address PO Box 905

City

Branchville

State

NJ

Zip Code

07826-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Guidance Systems

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597165**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 25B Hanover Road  
Suite 220

City

Florham Park

State

NJ

Zip Code

07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597166**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 44 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Denz, Stephanie, , ,**

Mailing Address 1100 Wild Ginger Lane

City  
Fleming Island

State  
FL

Zip Code  
32003-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aetna

Occupation (for Individual)  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597173**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Jacquet, Tara, , ,**

Mailing Address 2480 North Decatur #140

City  
Las Vegas

State  
NV

Zip Code  
89108-2988

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Branch Benefits Consultants

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597174**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Powers, Jason, A., ,**

Mailing Address 8346 Redbird St

City  
Shawnee

State  
KS

Zip Code  
66227-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Legacy Brokers, LLC

Occupation (for Individual)  
Employee Benefits Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597175**

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

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

149.00

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

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

FOR LINE NUMBER: PAGE 45 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Jones, Cynthia, M., ,**

Mailing Address 24223 English Rose Place

City  
Valencia

State  
CA

Zip Code  
91354-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dickerson Employee Benefits

Occupation (for Individual)  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597176**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Wolfman, Susan, , ,**

Mailing Address 1 Knollwood Ter

City  
Randolph

State  
NJ

Zip Code  
07869-3013

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597177**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hopwood, Kymberly, J., ,**

Mailing Address 530 Water Street, 7th Floor

City  
Oakland

State  
CA

Zip Code  
94607-3524

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2017

**Transaction ID : 11597178**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 46 OF 211  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1995 Point Township Drive

City  
Northumberland

State  
PA

Zip Code  
17857-8856

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597615**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Carter, Lori, , ,**

Mailing Address 27 Locksley Place

City  
Forest

State  
VA

Zip Code  
24551-4149

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597617**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Manning, Richard, K., ,**

Mailing Address 10315 Woodley Avenue, #131

City  
Granada Hills

State  
CA

Zip Code  
91344-6953

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597618**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

227.00

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

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

FOR LINE NUMBER: PAGE 47 OF 211  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Gant, Tom, , ,**

Mailing Address 100 North Weinbach Avenue

City  
Evansville

State  
IN

Zip Code  
47711-6006

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597619**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Easterling, Sy, , ,**

Mailing Address 213 Porter Ave

City  
Biloxi

State  
MS

Zip Code  
39530-2950

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597620**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Matznick, Michael, E., ,**

Mailing Address 3150 N. Elm Street  
Suite 201

City  
Greensboro

State  
NC

Zip Code  
27408-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EbenConcepts Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2017

**Transaction ID : 11597621**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

172.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Warren, M. Hughes, , ,**

Mailing Address P.O. Box 7661

City  
Wilmington

State  
NC

Zip Code  
28406-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635013**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Hynes, Bernard, J., ,**

Mailing Address 2999 N. 44th Street Suite 325

City  
Phoenix

State  
AZ

Zip Code  
85018-7259

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635015**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Sullivan, Audra, I., ,**

Mailing Address 1201 N Watson Rd  
Ste 287

City  
Arlington

State  
TX

Zip Code  
76006-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vogue Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635018**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1434 Hwy 301

City  
Calera

State  
AL

Zip Code  
35040-5466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AWM, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635019**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Abels, Paula, , ,**

Mailing Address P. O. Box 3052

City

Palm Desert

State

CA

Zip Code

92261-3052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Abels Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635021**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Powell, Brooks, , ,**

Mailing Address 549 Main St, Suite B

City

Danville

State

VA

Zip Code

24541-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Marsh & McLennan Agency

Occupation (for Individual)

Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635025**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 50 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Zavala, Tony, , ,

Mailing Address 1106 Canadian Circle

City  
Grand Prairie

State  
TX

Zip Code  
75050-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

Transaction ID : 11635026

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. Applegate, Teena, , ,

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISQ Consulting

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

Transaction ID : 11635027

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Wood, Lynnette, , ,

Mailing Address 4730 Business Park Blvd., H-16

City  
Anchorage

State  
AK

Zip Code  
99503-7137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANI

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2017

Transaction ID : 11635028

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

118.00

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 51 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Huss, Janine, D., ,**

Mailing Address 108 Cantina Place

City  
Jacksonville

State  
FL

Zip Code  
32259-8016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SingleCare

Occupation (for Individual)  
Sr. Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635029**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Owens, David, Patrick, ,**

Mailing Address 101 Eisenhower Parkway  
Second Floor

City  
Roseland

State  
NJ

Zip Code  
07068-1032

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635033**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Bergstrom, Christian, , ,**

Mailing Address 300 1st Avenue South,#500

City  
Saint Petersburg

State  
FL

Zip Code  
33701-4200

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2017

**Transaction ID : 11635034**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 52 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 1720 Windward Concourse  
Suite 290

City  
Alpharetta

State  
GA

Zip Code  
30005-2291

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2017

**Transaction ID : 11635040**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

Mailing Address P.O. Box 10876

City

Lynchburg

State

VA

Zip Code

24506-0876

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2017

**Transaction ID : 11635041**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 620 South Lake Street

City

Marquette

State

MI

Zip Code

49855-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
44North

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2017

**Transaction ID : 11635042**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 53 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Harder, David, , ,**

Mailing Address 5810 E Skelly Drive #1615

City  
Tulsa

State  
OK

Zip Code  
74135-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spirit Financial Concepts, Inc

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2017

**Transaction ID : 11635045**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Bartholomew, Rhonda, , ,**

Mailing Address PO Box 5099

City  
Twin Falls

State  
ID

Zip Code  
83303-5099

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Group Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2017

**Transaction ID : 11635046**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Fitzgerald, Robert, Mark, ,**

Mailing Address 675 N. Highland Ave NE  
# 427

City  
Atlanta

State  
GA

Zip Code  
30306-4685

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 11635049**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 54 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cogdill, Barry, , ,**

Mailing Address 4710 4th Street  
Ste. 300

City  
La Mesa

State  
CA

Zip Code  
91941-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Business Choice Insurance Services

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 11635051**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Crosby, Neil, R., ,**

Mailing Address 32110 Agoura Road

City  
Westlake Village

State  
CA

Zip Code  
91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance Services

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 11635052**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Scott, Nicole, , ,**

Mailing Address 6200 Northwest Pkwy

City  
San Antonio

State  
TX

Zip Code  
78249-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 11635056**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 55 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Farrell, Jennifer, Liane, ,**

Mailing Address 3800 North Central Avenue  
9th Floor

City  
Phoenix

State  
AZ

Zip Code  
85012-1979

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1082.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 11635060**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Mulvaney, William, M., ,**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : 11635265**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

Mailing Address PO Box 5125

City

Culver City

State  
CA

Zip Code  
90231-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Friedman & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : 11635267**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

195.00

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

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

FOR LINE NUMBER: PAGE 56 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Niederman, Tammy, Lyn, ,**

Mailing Address 10042 Silver Maple Circle

City  
Highlands Ranch

State  
CO

Zip Code  
80129-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorado Choice Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

Transaction ID : 11635269

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Johnson, Sandra, , ,**

Mailing Address 12500 Network Blvd, # 403

City  
San Antonio

State  
TX

Zip Code  
78249-3310

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

Transaction ID : 11635271

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. McKittrick, Kristin, , ,**

Mailing Address 4020 Danley Drive

City  
Rapid City

State  
SD

Zip Code  
57702-6893

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mountain Plains Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

Transaction ID : 11635272

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00



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

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

FOR LINE NUMBER: PAGE 57 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. Meyhoff, Jennifer, , ,

Mailing Address 1031 W 4th Ave., Ste 400

City

Anchorage

State

AK

Zip Code

99501-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Marsh &amp; McLennan Agency LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2017

Transaction ID : 11635275

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Pittman, Joseph, E., ,

Mailing Address P O Box 24133

City

Omaha

State

NE

Zip Code

68124-0133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Association Management

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2017

Transaction ID : 11635276

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Ward, Michael, , ,

Mailing Address 3219 E. Camelback Road  
#569

City

Phoenix

State

AZ

Zip Code

85018-2307

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

662.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2017

Transaction ID : 11635277

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

169.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Stewart, Rachel, , ,**

Mailing Address 1119 E Blackhawk Dr

City  
Phoenix

State  
AZ

Zip Code  
85024-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RS Assurance

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : 11635279**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Stephens, Michael, R., ,**

Mailing Address 329 S Elm St  
Suite 207

City  
Jenks

State  
OK

Zip Code  
74037-3765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tallgrass Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : 11635376**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Martin, Ingrid, L., ,**

Mailing Address 3857 Grand Oak Drive

City  
Brunswick

State  
OH

Zip Code  
44212-3594

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameritas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635390**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

310.00

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

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

FOR LINE NUMBER: PAGE 59 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Carmichael, Stacy, Anne, ,**

Mailing Address 601 SW 2nd Ave

City  
Portland

State  
OR

Zip Code  
97204-3153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moda Health, Inc

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

Transaction ID : 11635392

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 16325 Boones Ferry Rd., #204

City

Lake Oswego

State

OR

Zip Code

97035-4297

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

Transaction ID : 11635393

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stubbs, Clifton, , ,**

Mailing Address 11308 Blackhawk Dr.

City

Frisco

State

TX

Zip Code

75033-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

Transaction ID : 11635396

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 60 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Lawson, Andrew, , ,**

Mailing Address 2420 Lake Vista Court  
Suite 114

City  
Casselberry

State  
FL

Zip Code  
32707-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635400**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Przybylski, Robin, , ,**

Mailing Address 234 Spring Lake Drive

City  
Itasca

State  
IL

Zip Code  
60143-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Euclid Managers

Occupation (for Individual)  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635402**

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

Mailing Address PO Box 1089

City  
Richmond Hill

State  
GA

Zip Code  
31324-1089

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635403**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

72.00

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

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

FOR LINE NUMBER: PAGE 61 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Spell, Richard, Blake, ,**

Mailing Address 6176 Centre Camp Ct.

City  
Greensboro

State  
NC

Zip Code  
27455-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crescent Health Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635407**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Cochran, Irene, C., ,**

Mailing Address 1200 Hwy 74 S  
Suite 6-222

City  
Peachtree City

State  
GA

Zip Code  
30269-3073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BeneSource, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635409**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Pleasants, Jennifer, , ,**

Mailing Address 6366 Fitzhugh Dr.

City  
Corpus Christi

State  
TX

Zip Code  
78414-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnitedHealthcare Employer & Individual

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : 11635410**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 62 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Morris, Reine, C., ,**

Mailing Address 500 NE Multnomah

City  
Portland

State  
OR

Zip Code  
97232-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Mgr Large Group Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2017

Transaction ID : 11639973

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Mussiott, Astrid, C., ,**

Mailing Address 7742 Office Park Blvd.  
Suite B-1

City  
Metairie

State  
LA

Zip Code  
70001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associated Benefits Consulting

Occupation (for Individual)  
Broker Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2017

Transaction ID : 11639974

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

**C. Ritter, William, L., ,**

Mailing Address 138 W. Main Street, Suite 200

City  
Williamston

State  
NC

Zip Code  
27892-2490

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2017

Transaction ID : 11639975

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

190.00

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

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

FOR LINE NUMBER: PAGE 63 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Fusco, Joan, A., ,**Mailing Address **25B Hanover Rd., Suite 220**

City  
**Florham Park**

State  
**NJ**

Zip Code  
**07932-1443**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Savoy Associates**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**12 / 21 / 2017**

Transaction ID : **11639976**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

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

B. **Combs, Susan, L., ,**

Mailing Address **234 Fifth Ave**  
**Ste 308**

City  
**New York**

State  
**NY**

Zip Code  
**10001-7607**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Combs & Company, LLC**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**624.00**

Date of Receipt

**12 / 21 / 2017**

Transaction ID : **11639977**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

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

C. **Goodman, Robert, Hiram, ,**

Mailing Address **1901 6th Avenue North**  
**Suite 1720**

City  
**Birmingham**

State  
**AL**

Zip Code  
**35203-2618**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**Regions Insurance Group**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**432.00**

Date of Receipt

**12 / 22 / 2017**

Transaction ID : **11640242**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

Member Contribution

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

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

**184.00**

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

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

FOR LINE NUMBER: PAGE 64 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Singleton, Terry, , ,**

Mailing Address 1773 Owasco Street

City  
Winter Springs

State  
FL

Zip Code  
32708-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sihle Insurance Group

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

**Transaction ID : 11640243**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Stevenson, Kenneth, Thomas, ,**

Mailing Address 3131 Lonnbladh Road

City  
Tallahassee

State  
FL

Zip Code  
32308-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Earl Bacon Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

**Transaction ID : 11640245**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Leavitt, Scott, A., ,**

Mailing Address 12988 W. Paint Dr.

City  
Boise

State  
ID

Zip Code  
83713-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scott Leavitt Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

**Transaction ID : 11640246**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

200.00



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

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

FOR LINE NUMBER: PAGE 65 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Bergsma, Lori, , ,**

Mailing Address **Balanced Rock Insurance**  
**643 Canyon Drive**

City  
**Twin Falls**

State  
ID

Zip Code  
**83301-3014**

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**12 / 22 / 2017**

**Transaction ID : 11640249**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

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

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

Mailing Address **1550 Liberty Ridge Drive**  
**Suite 250**

City  
**Chesterbrook**

State  
PA

Zip Code  
**19087-5567**

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1020.00**

Date of Receipt

**12 / 22 / 2017**

**Transaction ID : 11640251**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

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

**C. Henry, Thomas, L., ,**

Mailing Address **19310 Sonoma Highway, #A**

City  
**Sonoma**

State  
CA

Zip Code  
**95476-5454**

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**1020.00**

Date of Receipt

**12 / 22 / 2017**

**Transaction ID : 11640252**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

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

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

**200.00**

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

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

FOR LINE NUMBER: PAGE 66 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Mathern, Donald, L., ,

Mailing Address 7650 Cherrywood Drive

City  
Boise

State  
ID

Zip Code  
83704-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialists

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640253

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. D, Jeff, Ranf, ,

Mailing Address 3800 Centerpoint Drive  
Suite 540

City  
Anchorage

State  
AK

Zip Code  
99503-5826

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640256

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Wild, Trei, , ,

Mailing Address 3724 Hearst Castle Way

City  
Plano

State  
TX

Zip Code  
75025-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Protect Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640257

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

157.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Cunningham, Jerilyn, B., ,**

Mailing Address 6570 N 130th Lane

City  
Glendale

State  
AZ

Zip Code  
85307-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Manager of Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640260

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Spiess, David, J., ,**

Mailing Address 1760 Manley Road

City

Maumee

State

OH

Zip Code

43537-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sea Gate Benefits

Occupation (for Individual)  
Health Insurance Specialist Independent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640261

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Theesfeld, Angela, A., ,**

Mailing Address 403 Toyah Brk

City

San Antonio

State

TX

Zip Code

78258-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640262

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 68 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Eckard, Brenda, A., ,

Mailing Address 130 North 25th Street

City

Fort Dodge

State

IA

Zip Code

50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KHI Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640263

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Molthen, Kimberley, , ,

Mailing Address 5500 Cherokee Avenue, Suite 300

City

Alexandria

State

VA

Zip Code

22312-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Marsh &amp; McLennan Agency, LLC

Occupation (for Individual)

Employee Benefits Consultant &amp; Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640264

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Boaz, Daniel, J., ,

Mailing Address 5565 Roberts Drive  
Suite 100

City

Atlanta

State

GA

Zip Code

30338-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HealthLife Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640265

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 19 Minor Court

City  
San Rafael

State  
CA

Zip Code  
94903-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Word and Brown

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640267

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 56294 Prim Rose Circle

City  
Elkhart

State  
IN

Zip Code  
46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hailey-Campbell, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640268

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hannah, Joseph, Lee, ,**

Mailing Address 9414 Indianfield Drive

City  
Mechanicsville

State  
VA

Zip Code  
23116-5808

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CIGNA Healthcare

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640270

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 70 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. Jeffs, Deborah, , ,

Mailing Address 2458 Newport Blvd.  
Suite 205

City  
Costa Mesa

State  
CA

Zip Code  
92627-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Progressive Benefit Managers

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640271

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Lindsay, Robert, , ,

Mailing Address 220 Emerson Place

City  
Davenport

State  
IA

Zip Code  
52801-1624

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640273

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lindstrom, Betty, J., ,

Mailing Address PO Box 4026

City  
Felton

State  
CA

Zip Code  
95018-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindstrom Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

Transaction ID : 11640274

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 71 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Wilson, Thomas, R., ,**

Mailing Address 701 Lamar

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640332**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Knight, Ronald David, , ,**

Mailing Address PO Box 507

City  
Carrollton

State  
GA

Zip Code  
30112-0009

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640333**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

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

**C. Kohlsdorf, Eric, , ,**

Mailing Address 1501 Ingersoll Ave  
Suite 200

City  
Des Moines

State  
IA

Zip Code  
50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prisma Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640334**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

255.00

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

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

FOR LINE NUMBER: PAGE 72 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

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

Mailing Address 3620 Wheat St.

City  
Columbia

State  
SC

Zip Code  
29205-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640335

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 1512 Highway 138

City  
Wall

State  
NJ

Zip Code  
07719-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HUB International

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640336

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Robinson, William, D., ,**

Mailing Address 739 East Jackson Street

City  
Martinsville

State  
IN

Zip Code  
46151-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NewDay! Marketing

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640337

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

102.00

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



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

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

FOR LINE NUMBER: PAGE 73 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. McFarland, Dawn, R., ,**

Mailing Address 19509 Haynes St

City  
Reseda

State  
CA

Zip Code  
91335-5729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

M &amp; M Benefit Solutions Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640339

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

**B. Todd, Richard, H., ,**

Mailing Address PO Box 56166

City

Little Rock

State

AR

Zip Code

72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Todd Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640342

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Todd, David, , ,**

Mailing Address PO Box 56166

City

Little Rock

State

AR

Zip Code

72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Todd Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640343

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

72.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Ackerman, Mark, K., ,**

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640345**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Whang, Victor, , ,**

Mailing Address 33970 23 Mile Rd.

City  
Chesterfield

State  
MI

Zip Code  
48047-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Warehouse

Occupation (for Individual)  
Broker/Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640346**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hebb, Deborah, , ,**

Mailing Address 1120 C Professional Ct

City  
Hagerstown

State  
MD

Zip Code  
21740-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keller Stonebraker Ins

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640347**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 75 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Berger, Stephanie, , ,**

Mailing Address 79 Daily Dr #276

City  
Camarillo

State  
CA

Zip Code  
93010-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640348

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address AI Torstrick Insurance Agency, Inc  
343 Waller Av

City  
Lexington

State  
KY

Zip Code  
40504-2912

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640349

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Gennaro, Jeffrey, Wm., ,**

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

City  
Glendale

State  
AZ

Zip Code  
85310-3292

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640351

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 76 OF 211  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hebert, Hedy, S., ,**

Mailing Address 390 Plaza Loop.

City  
Bossier City

State  
LA

Zip Code  
71111-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640352**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Helms, John, S., ,**

Mailing Address 2940 Camino Diablo  
# 205

City  
Walnut Creek

State  
CA

Zip Code  
94597-3992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Helms Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640354**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Hill, Donna, D., ,**

Mailing Address 2905 Premiere Parkway  
Suite 285

City  
Duluth

State  
GA

Zip Code  
30097-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E2E Benefits Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

977.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640355**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. King, Carolyn, J., ,**

Mailing Address 6 Country Lane

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolyn J King Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640356**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

Mailing Address 1965 Pine Street

City

Redding

State

CA

Zip Code

96001-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barbara McClaskey Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640357**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Ming, James, , ,**

Mailing Address P.O. Box 621

City

Union

State

MO

Zip Code

63084-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ming Senior Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640358**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00

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

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

FOR LINE NUMBER: PAGE 78 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

A. **Rash, Susan, Maley, ,**

Mailing Address 2108 West Laburnum Avenue, Suite 3

City  
Richmond

State  
VA

Zip Code  
23227-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BB&T Benefit Consultants of Virginia,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2015.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640359

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

B. **Reeves, Valerie, , ,**

Mailing Address 3702 Brownsboro Rd

City  
Louisville

State  
KY

Zip Code  
40207-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Preferred Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640360

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. **Rice, Russell, Lee, ,**

Mailing Address 8000 IH-10 West, # 715

City  
San Antonio

State  
TX

Zip Code  
78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640362

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

247.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 211  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Simmang, Michael, John, ,**

Mailing Address 143 E Austin St

City  
Giddings

State  
TX

Zip Code  
78942-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Nitsche Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640363**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Strong, Cameron, F., ,**

Mailing Address 2565 Dexter Ave. N  
# 502

City  
Seattle

State  
WA

Zip Code  
98109-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640364**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Tandrow, Tara, , ,**

Mailing Address 2600 Rose Hill, #101

City  
Boise

State  
ID

Zip Code  
83705-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640365**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 80 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640366**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

**B. Todd, Helen, M., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640368**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Wynkoop Kapostins, Ashley, , ,**

Mailing Address 255 Primera Blvd, Suite 264

City  
Lake Mary

State  
FL

Zip Code  
32746-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CIGNA

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640370**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

242.00



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

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

FOR LINE NUMBER: PAGE 81 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Hall, Dwight, , ,**

Mailing Address 6107 Hazelwood Ave.

City  
Indianapolis

State  
IN

Zip Code  
46228-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D Hall & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640372

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Thal, Harry, P., ,**

Mailing Address 11006 Kernville Rd. #1

City  
Kernville

State  
CA

Zip Code  
93238-9765

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640373

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**C. Bartlein, Randall, J., ,**

Mailing Address 22465 Panther Loop

City  
Bradenton

State  
FL

Zip Code  
34202-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Suncoast Benefits & Analytics

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640376

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

127.00

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

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

FOR LINE NUMBER: PAGE 82 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Baskett, John, , ,**

Mailing Address 2601C Blanding Ave #222

City  
Alameda

State  
CA

Zip Code  
94501-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Baskett Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640380

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Braner, Jodie, E., ,**

Mailing Address 5 Concourse Parkway  
18th Floor

City  
Atlanta

State  
GA

Zip Code  
30328-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640381

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Copeland, Bob, , ,**

Mailing Address 700 Larkspur Landing Circle, Suite

City  
Larkspur

State  
CA

Zip Code  
94939-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640383

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

145.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Goodwin, Carolyn, L., ,**

Mailing Address 12740 Hillcrest Road  
Suite 275

City  
Dallas

State  
TX

Zip Code  
75230-7129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Goodwin Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640387**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Griffey, Patricia, A., ,**

Mailing Address 17535 Generations Dr

City

South Bend

State  
IN

Zip Code  
46635-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Healy Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640388**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Howard, Michelle, S., ,**

Mailing Address 2850 West Grand Boulevard

City

Detroit

State  
MI

Zip Code  
48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640390**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

215.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Embry, Michael, A., ,**

Mailing Address 26555 Evergreen Road  
Suite 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640392**

Amount of Each Receipt this Period

415.00

☐ Memo Item

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

**B. Embry, Jeanne, A., ,**

Mailing Address 26240 Wacker Drive

City

Chesterfield

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640393**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stubbs, Guy, , ,**

Mailing Address PO Box 337

City

Jerome

State

ID

Zip Code

83338-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hall and Associates

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640394**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

475.00

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

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

FOR LINE NUMBER: PAGE 85 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Thrash, Rachel, B., ,**

Mailing Address 214 Milam Street

City  
Shreveport

State  
LA

Zip Code  
71101-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Querbes & Nelson A Partnership

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640395**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Pennington, William, H., ,**

Mailing Address 4640 Woodbridge Drive

City  
Kernersville

State  
NC

Zip Code  
27284-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington Associates Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640397**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Perry, Jeff, , ,**

Mailing Address P O Box 51019

City  
Idaho Falls

State  
ID

Zip Code  
83405-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Hartwell Corporation

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640398**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 211

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Rock, Deidre, Dover, ,**

Mailing Address P.O. Box 151

City  
Camilla

State  
GA

Zip Code  
31730-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dover Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640399**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Stacy, Dustin, , ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640401**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Stephens, Mary, , ,**

Mailing Address 2133 Luray Avenue

City  
Cincinnati

State  
OH

Zip Code  
45206-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliance Benefit Group of Ohio

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2017

**Transaction ID : 11640402**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 87 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Wickizer, Chris, Otto, ,**

Mailing Address 16619 74th Ave NE

City  
Kenmore

State  
WA

Zip Code  
98028-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chris Wickizer Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640403

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Siino, Thomas, , ,**

Mailing Address 1126 Clifton Avenue

City  
Clifton

State  
NJ

Zip Code  
07013-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640407

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Tierney, Robert, J., ,**

Mailing Address 830 N Main St  
STE 200

City  
Meridian

State  
ID

Zip Code  
83642-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640408

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

102.00

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

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

FOR LINE NUMBER: PAGE 88 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

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

A. McCann Potter, Amanda, , ,

Mailing Address 911 Midkiff

City  
MidlandState  
TXZip Code  
79701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AflacOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640409

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Langley, Rufus, B., ,

Mailing Address 2720 Branston Way

City  
ApexState  
NCZip Code  
27539-6213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Langley Insurance Services, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640412

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Lago, Julian, E., ,

Mailing Address 609 Manatee Bay Drive

City  
Boynton BeachState  
FLZip Code  
33435-2800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benezon LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2017

Transaction ID : 11640415

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

120.00



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

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

FOR LINE NUMBER: PAGE 89 OF 211

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

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

**A. Brown, Carey, H., ,**

Mailing Address Six Concourse Parkway  
Suite 2750

City  
Atlanta

State  
GA

Zip Code  
30328-6243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Benefit Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640416**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. McConnaughey, John, R., ,**

Mailing Address PO Box 805

City

West Chester

State

OH

Zip Code

45071-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRM & Associates Agency, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640417**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Pierce, Jeffrey, L., ,**

Mailing Address 730 Manzano

City

Wolverine Lake

State

MI

Zip Code

48390-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Healthwise Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640418**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

122.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Niederman, Brad, , ,**

Mailing Address 1745 Shea Center Dr  
4th Floor

City  
Highlands Ranch

State  
CO

Zip Code  
80129-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niederman Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640421**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Dennis, E., ,**

Mailing Address 1111 Chestnut Hills Pky

City

Fort Wayne

State

IN

Zip Code

46814-8934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Plans, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640422**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barrera, Rolando, G., ,**

Mailing Address 2621 Camargo

City

Corpus Christi

State

TX

Zip Code

78415-5678

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Roland Barrera Insurance

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640423**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buffum, Ronald, S., ,**

Mailing Address 106 South Harris Street  
# 237

City  
Round Rock

State  
TX

Zip Code  
78664-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Buffum Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640425**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, David, A., ,**

Mailing Address 204 Rivergate Pkwy

City  
Goodlettsville

State  
TN

Zip Code  
37072-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Brokers, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640426**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cox, Carrie, , ,**

Mailing Address 4811 Gaillardia Parkway, Suite 300

City  
Oklahoma City

State  
OK

Zip Code  
73142-1875

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NFP Corporate Services (OK)

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640427**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hart, Daniel, R, ,**

Mailing Address 2137 E. 32nd Street

City  
Tulsa

State  
OK

Zip Code  
74105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guardian Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

Transaction ID : 11640428

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Muckensturm, Mark, , ,**

Mailing Address 1001 Highlands Plaza Drive West,  
Ste. 500

City

Saint Louis

State  
MO

Zip Code  
63110-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Daniel and Henry Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

Transaction ID : 11640429

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Osborne, Mike, , ,**

Mailing Address 1308 Woodmanor Dr,

City

Raleigh

State  
NC

Zip Code  
27614-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Osborne Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

Transaction ID : 11640430

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weinstein, Joshua, , ,**

Mailing Address 3111 C St.

Suite 500

City

Anchorage

State

AK

Zip Code

99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RISQ Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640432**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. West, Mitchell, , ,**

Mailing Address Health Choice One, Attn: Mitch Wes

6436 S Racine Cir

City

Centennial

State

CO

Zip Code

80111-6479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MW Family Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640433**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fugitt-Hetrick, Pamela, Leigh, ,**

Mailing Address 1123 Soquel Avenue

City

Santa Cruz

State

CA

Zip Code

95062-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DCD Financial & Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640434**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lee, William, Eric, ,**

Mailing Address 25 Knight Boxx Rd  
APT. 5103

City  
Orange Park

State  
FL

Zip Code  
32065-8045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMN Nurse Choice

Occupation (for Individual)  
Executive Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640436**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bear, Dale, F., ,**

Mailing Address 2550 NE Douglas St

City

Lees Summit

State  
MO

Zip Code  
64064-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Expat Solutions International dba ESI

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640440**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chornak, Shelley, A., ,**

Mailing Address 7251 Engle Rd. Suite 103

City

Cleveland

State  
OH

Zip Code  
44130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2017

**Transaction ID : 11640442**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

227.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grossman, Michael, Thomas, ,**

Mailing Address 2355 E Camelback Rd Ste 601

City  
Phoenix

State  
AZ

Zip Code  
85016-9040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Principal Financial Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

Transaction ID : 11640445

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winson, Shelly, K., ,**

Mailing Address PO Box 1914

City  
Chandler

State  
AZ

Zip Code  
85244-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
True Choice Benefits LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

Transaction ID : 11640446

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pedersen, Jill, L., ,**

Mailing Address 16325 Boones Ferry Rd #204

City  
Lake Oswego

State  
OR

Zip Code  
97035-4297

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

Transaction ID : 11640447

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hepscher, William, , ,**

Mailing Address 38176 Medical Center Avenue

City  
Zephyrhills

State  
FL

Zip Code  
33540-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Canadian Drugstore

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640448**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reents, Joni, Robin, ,**

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reents Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1177.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640449**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Feldman, Jeremy, , ,**

Mailing Address 1803 Research Blvd  
Suite 400

City  
Rockville

State  
MD

Zip Code  
20850-6118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640450**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sokol, David, , ,**

Mailing Address 901 Wilshire Drive  
Suite 300

City Troy State MI Zip Code 48084-5611

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)  
Wilshire Benefits Group Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640451**

Amount of Each Receipt this Period

170.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harte, Heather, Roberts, ,**

Mailing Address 11365 Avant Lane

City Cincinnati State OH Zip Code 45249-2373

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)  
HSA Bank

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640453**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bogott, Christine, M., ,**

Mailing Address 2793 Skyline Ct  
Unit D

City Grand Junction State CO Zip Code 81506-3967

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)  
MHIB Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 25 / 2017

**Transaction ID : 11640455**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whaley, Cynthia, , ,**

Mailing Address 408 N. Washington Street  
Suite A

City  
Easton

State  
MD

Zip Code  
21601-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Avery Hall Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 25 / 2017

Transaction ID : 11640459

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wooden, Rebecca, L., ,**

Mailing Address 201 NE Park Plaza Dr #293

City

Vancouver

State

WA

Zip Code

98684-5881

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIMEA Insurance, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

Transaction ID : 11640466

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Drysdale, Sam, , ,**

Mailing Address P.O. Box 8222

City

Springfield

State

MO

Zip Code

65801-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

Transaction ID : 11640468

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morrison, James, M., ,**

Mailing Address 6096 Innovation Way

City  
Carlsbad

State  
CA

Zip Code  
92009-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morrison Insurance Services, Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640469**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillips, Stephanie, A., ,**

Mailing Address 11100 Mead Rd, Ste 300

City

Baton Rouge

State

LA

Zip Code

70816-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640470**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Amato, Stephanie, , ,**

Mailing Address 40 Corporate Ave.

City

Plainville

State

CT

Zip Code

06062-1195

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Health Consultants Group

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640472**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

147.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dinkel, Matthew, Kim, ,**

Mailing Address 13700 Six Mile Cypress

City

Fort Myers

State

FL

Zip Code

33912-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alan Williams &amp; Associates Insurance A

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2017

Transaction ID : 11640474

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dickert, Vicki, Michele, ,**

Mailing Address 8833 Perimeter Park Blvd  
Suite 802

City

Jacksonville

State

FL

Zip Code

32216-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BenTec Workplace Solutions

Occupation (for Individual)

Vice President of Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2017

Transaction ID : 11640476

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hinck, John, H., ,**

Mailing Address 211 McLaws Circle, Ste2

City

Williamsburg

State

VA

Zip Code

23185-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hinck Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2017

Transaction ID : 11640478

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

157.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, Steven, L., ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640479**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wolff, DianaLou, , ,**

Mailing Address 70 Maiden Lane  
2nd Floor

City  
Kingston

State  
NY

Zip Code  
12401-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Counseling Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640480**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mann, William, D., ,**

Mailing Address PO Box 691967

City  
Houston

State  
TX

Zip Code  
77269-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Compliance Office

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640482**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jurkus, Charles, , ,**

Mailing Address 823 Commerce Drive, Suite 350

City

Oak Brook

State

IL

Zip Code

60523-8855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Employee Benefit Risk Mgmt. Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640484**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kahan, Stacy, , ,**

Mailing Address 8707 Skokie Blvd., Ste 206

City

Skokie

State

IL

Zip Code

60077-2272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lang Financial Group, Chicago LTD

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640487**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Furr, Kenneth, , ,**

Mailing Address 2786 Danbury Ct

City

Reno

State

NV

Zip Code

89523-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Menath Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640490**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ledgerwood, Michael, , ,**

Mailing Address 12022 FOREST MOON DR

City  
CYPRESS

State  
TX

Zip Code  
77433-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Health Plans of Texas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640492**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamilton, Brett, Michelle, ,**

Mailing Address PO Box 6398

City  
Charleston

State  
WV

Zip Code  
25362-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Black Horse Financial Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640493**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Geoffrey, , ,**

Mailing Address 408 N Tioga Street

City  
Ithaca

State  
NY

Zip Code  
14850-4275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640494**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murphy, Kevin, R., ,**

Mailing Address 1744 Victoria Way

City  
San Marcos

State  
CA

Zip Code  
92069-9401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Murphy Insurance Solutions

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640496**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gilbert, Debra, E., ,**

Mailing Address 2331 Mustang Drive  
Suite 200

City  
Grapevine

State  
TX

Zip Code  
76051-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Solutions

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2017

**Transaction ID : 11640498**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cartier, Fred, , ,**

Mailing Address 11555 Sorrento Valley Road  
Suite 203

City  
San Diego

State  
CA

Zip Code  
92121-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rogers Benefit Group, Inc.

Occupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641103**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Underhill, Elizabeth, J., ,

Mailing Address 5951 Canoga Avenue

City

Woodland Hills

State

CA

Zip Code

91367-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Underhill Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 27 / 2017

Transaction ID : 11641105

Amount of Each Receipt this Period

30.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phillips, Mark, , ,

Mailing Address 165 Churchill Ct.

City

Fayetteville

State

GA

Zip Code

30214-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Independent Insurance Broker

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 27 / 2017

Transaction ID : 11641107

Amount of Each Receipt this Period

10.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reddy, Michael, S., ,

Mailing Address 330 River Pointe Drive

City

Elkhart

State

IN

Zip Code

46514-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Keystone Insurance &amp; Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 27 / 2017

Transaction ID : 11641109

Amount of Each Receipt this Period

85.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bechtold, Annette, , ,**

Mailing Address 200 Galleria Pkwy SE  
Ste 1950

City  
Atlanta

State  
GA

Zip Code  
30339-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OneDigital

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641110**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tuthill, Glendae, , ,**

Mailing Address 736 Old Greenville Rd

City

Fayetteville

State

GA

Zip Code

30215-5935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benevestco, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641113**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mordo, David, , ,**

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 ▼

654.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641114**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

109.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Severo, Daniel, , ,

Mailing Address 231 Chestnut St. #410

City  
Meadville

State  
PA

Zip Code  
16335-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The DJB Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

Transaction ID : 11641116

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Witt, Kelly, J., ,

Mailing Address 1017 Pine Hill Way

City  
Carmel

State  
IN

Zip Code  
46032-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Health and Wellness Group

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

Transaction ID : 11641117

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Booth, Neil, A., ,

Mailing Address 23901 Calabasas Road, Suite 2014

City  
Calabasas

State  
CA

Zip Code  
91302-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Marketing Administrators INC

Occupation (for Individual)  
Broker & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

Transaction ID : 11641118

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sherrod, Jeffrey, , ,**

Mailing Address 3810 Holly Ridge Drive

City  
Longview

State  
TX

Zip Code  
75605-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Healthcare Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641119**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Suzanne, K., ,**

Mailing Address 5955 Carnegie Blvd Suite 150

City  
Charlotte

State  
NC

Zip Code  
28209-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Employee Benefit Advisors of the Carol

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641120**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Judy, Anne, ,**

Mailing Address 5581 N Barrasca Ave

City  
Tucson

State  
AZ

Zip Code  
85750-6495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UnitedHealthcare

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641121**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Jerry, D., ,**

Mailing Address 5113 N. Executive Drive  
Suite 102

City  
Peoria

State  
IL

Zip Code  
61614-4893

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jackson Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641124**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jaques, Kevin, K., ,**

Mailing Address 1250 S Capital of TX Hwy.  
Bldg. 1, Ste. 360

City

West Lake Hills

State  
TX

Zip Code  
78746-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641125**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cagliola, Victoria, , ,**

Mailing Address 1550 Liberty Ridge Drive  
Suite 250

City

Chesterbrook

State  
PA

Zip Code  
19087-5567

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radnor Benefits Group

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641127**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pearson, E.J., ,**

Mailing Address 369 Stone Falls Ave SE  
Apt 201

City  
Ada

State  
MI

Zip Code  
49301-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Varipro

Occupation (for Individual)

Regional Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641128**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Major-Bell, Victoria, A., ,**

Mailing Address 8363 SW 84th Place Road

City  
Ocala

State  
FL

Zip Code  
34481-5564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

VMB Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641131**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olson, Trenton, M., ,**

Mailing Address 9980 S. 300 W. Suite 140

City  
Sandy

State  
UT

Zip Code  
84070-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Senior Benefits Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2017

**Transaction ID : 11641132**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hagen, David, P., ,

Mailing Address 1045 Wyckoff Way

City

Laguna Beach

State

CA

Zip Code

92651-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hagen Insurance &amp; Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2017

Transaction ID : 11641135

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Corson, William, C., ,

Mailing Address 120 Governor Drive

City

Basking Ridge

State

NJ

Zip Code

07920-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Benefits Planning Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2017

Transaction ID : 11641589

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meyers, Sean, , ,

Mailing Address 2345 North Route 9

City

Cape May Court House

State

NJ

Zip Code

08210-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hafetz and Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

Transaction ID : 11641715

Amount of Each Receipt this Period

30.00

☐ Memo Item

Monthly Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Selinsky, Steven, , ,**

Mailing Address 28638 Oak Point Drive

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Plan

Occupation (for Individual)

Director of Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641716**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hazelbaker, Jay, , ,**

Mailing Address 5007 Pine Creek Drive

City

Westerville

State

OH

Zip Code

43081-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tabit, Arganbright & Hazelbaker, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641717**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reinstadler, Ruppert, , ,**

Mailing Address 6443 SW Beaverton-Hillsdale Hwy  
Suite 200

City

Portland

State

OR

Zip Code

97221-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coordinated Resources Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641718**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

169.00

**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 113 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brody, Andrea, , ,**

Mailing Address 6018 E Lowden Rd.

City

Cave Creek

State

AZ

Zip Code

85331-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RXBenefits

Occupation (for Individual)

Vice President of Business Developer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641719**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Underhill, Charles, E., ,**

Mailing Address PO Box 626

City

Woodland Hills

State

CA

Zip Code

91365-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Underhill Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641723**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Allard, Terry, , ,**

Mailing Address 3000 A Street, Suite 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Wilson Agency, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641725**

Amount of Each Receipt this Period

170.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Childers, Russell, B., ,**

Mailing Address PO Box 1547

City  
Americus

State  
GA

Zip Code  
31709-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Childers, CLU

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641726**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoffman, Crystal, , ,**

Mailing Address P.O. Box 709

City  
Sugar Land

State  
TX

Zip Code  
77487-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Concepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641728**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scopp, Kenneth, N., ,**

Mailing Address 12121 Wilshire Blvd Ste 1100

City  
Los Angeles

State  
CA

Zip Code  
90025-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First Financial Resources

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641730**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shively, Kevin, , ,

Mailing Address 3800 Paluxy Dr  
Ste 540

City  
Tyler

State  
TX

Zip Code  
75703-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield

Occupation (for Individual)  
Carrier Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641731

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coventry, Sandy, J, ,

Mailing Address 10717 Sorrento Valley Road

City

San Diego

State

CA

Zip Code

92121-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wateridge Insurance Services

Occupation (for Individual)  
Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641733

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fear, David, L., ,

Mailing Address 400 Sunrise Avenue, #150

City

Roseville

State

CA

Zip Code

95661-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shepler & Fear General Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641735

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keneipp, Wendy, , ,**

Mailing Address 2738 Cody Circle #101

City  
Bellingham

State  
WA

Zip Code  
98225-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Q4intelligence, LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641736**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brining, Joseph, B., ,**

Mailing Address 6528 E 101st St  
Suite D-1 PMB 293

City  
Tulsa

State  
OK

Zip Code  
74133-6754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Combined Affinity Markets

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641737**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Paxton, Pauline, , ,**

Mailing Address 3000 E Pine Ave

City  
Meridian

State  
ID

Zip Code  
83642-5995

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross of Idaho

Occupation (for Individual)  
Account Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641738**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kross, David, R., ,**

Mailing Address 5556-B Cheviot Rd.

City  
Cincinnati

State  
OH

Zip Code  
45247-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Benefits Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641740**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Currier, Craig, Thomas, ,**

Mailing Address 11213 Davenport St.  
Ste. 201

City  
Omaha

State  
NE

Zip Code  
68154-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aon Risk Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1148.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641743**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Paul, E., ,**

Mailing Address 100 Queen Street

City  
Southington

State  
CT

Zip Code  
06489-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paul E Smith Insurance, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641747**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lubenow, Douglas, , ,**

Mailing Address 214 West Main Street  
Suite 203

City  
Moorestown

State  
NJ

Zip Code  
08057-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lubenow Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641748

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Jesse, D., ,**

Mailing Address 111 River St  
#7

City  
Milford

State  
CT

Zip Code  
06460-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Modern Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641750

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ragusa, Ruth, Ferry, ,**

Mailing Address 308 Lassalle Drive

City  
River Ridge

State  
LA

Zip Code  
70123-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allied Benefits Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2017

Transaction ID : 11641751

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Flowers, Jeannette, , ,**

Mailing Address 601 Hickory Street

City  
Liverpool

State  
NY

Zip Code  
13088-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pomco

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641753**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stock, Tiffany, , ,**

Mailing Address 3111 C St.  
Suite 500

City

Anchorage

State

AK

Zip Code

99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RISQ Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641758**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawson, Tonda, , ,**

Mailing Address 6611 Orion Drive  
Suite 201

City

Fort Myers

State

FL

Zip Code

33912-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brown & Brown, Inc.

Occupation (for Individual)

VP Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

659.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : 11641826**

Amount of Each Receipt this Period

63.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, William, W., ,**

Mailing Address 43 Waverly Place

City

San Francisco

State

CA

Zip Code

94108-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bill Wong &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2017

Transaction ID : 11641857

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Thomas, R., ,**

Mailing Address 701 Lamar

City

Wichita Falls

State

TX

Zip Code

76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017

Transaction ID : 11641859

Amount of Each Receipt this Period

480.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowe, Peter, L., ,**

Mailing Address 3033 N. Central Ave  
Suite 810

City

Phoenix

State

AZ

Zip Code

85012-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sunwest Benefits Consulting, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017

Transaction ID : 11641861

Amount of Each Receipt this Period

1225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1735.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Denton, Jill, W., ,**

Mailing Address 3500 Westgate Drive  
Suite 602

City  
Durham

State  
NC

Zip Code  
27707-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : 11641866**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Embry, Michael, A., ,**

Mailing Address 26555 Evergreen Road  
Suite 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : 11641868**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vetter, Leah, M., ,**

Mailing Address 10050 Regency Circle  
Suite 300

City  
Omaha

State  
NE

Zip Code  
68114-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthur J. Gallagher

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : 4333027**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDougall, Heather, Lee, ,**

Mailing Address 1312 W Kiva Ave

City  
Mesa

State  
AZ

Zip Code  
85202-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affiliated Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433059217429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villagran, Denise, S., ,**

Mailing Address 1016 Santa Fe, #205

City

Corpus Christi

State

TX

Zip Code

78404-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Entrust, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433061217429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schreder, Lynn, M., ,**

Mailing Address 130 North 25th Street

City

Fort Dodge

State

IA

Zip Code

50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433076117429**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, Carla, , ,

Mailing Address PO Box 7630

City  
Horseshoe Bay

State  
TX

Zip Code  
78657-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Total Administrative Services Corporat

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433095017429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davies, Melissa, , ,

Mailing Address 9425 Double R Blvd  
Ste F

City  
Reno

State  
NV

Zip Code  
89521-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clark and Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433115417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Madeleine, , ,

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, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433118917429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deacon, Joseph, H., ,**

Mailing Address 221 1/2 Hale Street  
PO Box 2831

City  
Charleston

State  
WV

Zip Code  
25301-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deacon & Deacon Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433129317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaelin, Bobbi, , ,**

Mailing Address 6180 Quail Valley Court

City  
Riverside

State  
CA

Zip Code  
92507-0704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PayPro Administrators

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433138217429**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Niederman, Brad, , ,**

Mailing Address 1745 Shea Center Dr  
4th Floor

City  
Highlands Ranch

State  
CO

Zip Code  
80129-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Niederman Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433165017429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McFerrin, Dwane, C., ,**

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 ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433168117429

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pedersen, Jill, L., ,**

Mailing Address 16325 Boones Ferry Rd #204

City

Lake Oswego

State

OR

Zip Code

97035-4297

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433177417429

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barrett, William, J., ,**

Mailing Address 7400 West Campus Road

City

New Albany

State

OH

Zip Code

43054-8725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aetna

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433180617429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meason, Toby, , ,**

Mailing Address 301 S. Polk  
Suite 600

City  
Amarillo

State  
TX

Zip Code  
79101-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INSURICA

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433183117429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christensen, H Elizabeth, , ,**

Mailing Address 3013 Sonora Canyon Rd

City

Weatherford

State

TX

Zip Code

76087-8215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Senior Services of Texas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433187717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rifkin, Robert, L., ,**

Mailing Address 7 Stonewall Lane

City

Mamaroneck

State

NY

Zip Code

10543-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433196817429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Dorman, Harry, , ,**

Mailing Address 1500 N Casaloma Dr Suite 411

City  
Appleton

State  
WI

Zip Code  
54913-8219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medicare Masters, LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433197417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Long, Scott, W., ,**

Mailing Address 1715 Greenway Village Dr.

City  
Katy

State  
TX

Zip Code  
77494-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Transamerica Employee Benefits

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433206817429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Brittain, Jennifer, , ,**

Mailing Address 208 N. Mill

City  
Pryor

State  
OK

Zip Code  
74361-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brown & Brown, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433214317429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 211  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gerken, Barbara, Ann, ,**

Mailing Address 1775 Indian Wood Circle

City  
MaumeeState  
OHZip Code  
43537-4010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First Insurance GroupOccupation (for Individual)  
Director

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
12	/	31	/	2017

**Transaction ID : PR433268317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shooshanian, Barbara, , ,**Mailing Address 39500 High Pointe Blvd  
Ste 400City  
NoviState  
MIZip Code  
48375-5517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Administrators, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR433298717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thams, Todd, , ,**

Mailing Address 1209 Broadway

City  
DenisonState  
IAZip Code  
51442-2632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thams AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR433308317429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spleet, Michael, , ,

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433316617429

Amount of Each Receipt this Period

95.00

☐ Memo Item

P/R Deduction (\$95.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wooden, Rebecca, L., ,

Mailing Address 201 NE Park Plaza Dr #293

City

Vancouver

State

WA

Zip Code

98684-5881

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AIMEA Insurance, Inc.

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433347117429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Christenson, Shawnee, , ,

Mailing Address PO Box 16394

City

Minneapolis

State

MN

Zip Code

55416-0394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Crosstown Insurance

Occupation (for Individual)

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433347417429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willison, Clover Denise, , ,**

Mailing Address 355 Sprowel Creek Rd

City  
Garberville

State  
CA

Zip Code  
95542-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willison Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR433468617429**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Drake, Laura, , ,**

Mailing Address 401 Gooding St N #106

City  
Twin Falls

State  
ID

Zip Code  
83301-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Laura Drake Insurance

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR433504417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VanDuine, Dustin, , ,**

Mailing Address 2850 W Grand Blvd

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)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR433572617429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roney, Robert, L., ,**

Mailing Address 600 E Lafayette Blvd.

City  
Detroit

State  
MI

Zip Code  
48226-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Michigan

Occupation (for Individual)  
Agent Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433674117429

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levit, Donald, , ,**

Mailing Address 5120 Woodway Dr Suite 10023

City  
Houston

State  
TX

Zip Code  
77056-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Prosperity Life and Health In

Occupation (for Individual)  
Co-founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433679117429

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Golden, Johnna, , ,**

Mailing Address 3800 Centerpoint Dr., Ste 940

City  
Anchorage

State  
AK

Zip Code  
99503-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premera Blue Cross Blue Shield of Alas

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433692817429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

142.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Butler, Allison, , ,**

Mailing Address 2800 Civic Circle Suite 200

City  
Amarillo

State  
TX

Zip Code  
79109-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Butler Benefits & Consulting, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433694517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Passe, Emma, M., ,**

Mailing Address 6984 SE Langwood St

City  
Hillsboro

State  
OR

Zip Code  
97123-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EBMS

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433721317429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Bridges, Shirley, , ,**

Mailing Address P.O. Box 16546

City  
Mobile

State  
AL

Zip Code  
36616-0546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR433757017429

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schneider, JoEllen, , ,**

Mailing Address 2807 W Taft St

City  
Boise

State  
ID

Zip Code  
83703-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1967

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR433791817429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Skinner, Roger, W., ,**

Mailing Address 5518 Hammock Glen Drive

City

INDIANAPOLIS

State

IN

Zip Code

46235-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Argus Dental & Vision

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436789417429**

Amount of Each Receipt this Period

30.50

☐ Memo Item

P/R Deduction (\$30.50 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rippinger, John, F., ,**

Mailing Address 11047 E Verbena Lane

City

Scottsdale

State

AZ

Zip Code

85255-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Look LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436793517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dollins, Michael, B., ,**

Mailing Address PO Box 12120

City  
Oklahoma City

State  
OK

Zip Code  
73157-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dollins & Company, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436800417429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kern, Roy, W., ,**

Mailing Address 3015 South Fort Avenue, Suite B

City  
Springfield

State  
MO

Zip Code  
65807-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kern Insurance Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436804517429**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hartman, Gerald, G., ,**

Mailing Address PO Box 5716

City  
Boise

State  
ID

Zip Code  
83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Network America Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436808017429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROWE, Eugene, Rowe, ,**

Mailing Address 16000 Ventura Blvd

City  
Encino

State  
CA

Zip Code  
91436-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
R & R Retirement and Insurance Service

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436817917429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christian, Brad, L, ,**

Mailing Address PO Box 188

City  
Clatonia

State  
NE

Zip Code  
68328-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Investments

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436821017429**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trautwein, Janet, , ,**

Mailing Address 1212 New York Ave. NW, Ste 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436821417429**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 136 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rios-Carl, Elizabeth, E., ,**

Mailing Address 210 North Campbell

City  
El Paso

State  
TX

Zip Code  
79901-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Houghton Financial Partners LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436824517429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Patti, , ,**

Mailing Address 525 Kirkland Way

City  
Kirkland

State  
WA

Zip Code  
98033-6219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
P Smith Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436829317429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berman, David, A, ,**

Mailing Address 8805 Sawleaf Road

City  
Indianapolis

State  
IN

Zip Code  
46260-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Neace Lukens Holding Company, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436829717429**

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ashmore, Elizabeth, , ,

Mailing Address 6102 82nd St, Bldg #6

City  
LubbockState  
TXZip Code  
79424-0803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ashmore &amp; Associates Insurance Agency,

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436830317429

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foster, Kim, , ,

Mailing Address 14911 Quorum Drive  
Suite 100City  
DallasState  
TXZip Code  
75254-7012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Foster Benefit Resources, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436831917429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kramer, Mary, B., ,

Mailing Address 13810 National Bank Parkway, Suite

City  
OmahaState  
NEZip Code  
68154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Holmes Murphy &amp; Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436836217429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

287.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grundman, Robert, A., ,

Mailing Address 7412 Karl Drive

City  
Lincoln

State  
NE

Zip Code  
68516-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Benefit Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436838917429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cociu, Dorothy, M., ,

Mailing Address P.O. Box 6677

City  
Fullerton

State  
CA

Zip Code  
92834-6677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Benefit Consulting & Insuranc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436844617429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wright, Keith, L., ,

Mailing Address 401 W Front St  
Ste 4

City  
Traverse City

State  
MI

Zip Code  
49684-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wright Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

804.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436848517429

Amount of Each Receipt this Period

192.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

327.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fortenberry, H. Larry, , ,**

Mailing Address PO Box 16566

City  
Jackson

State  
MS

Zip Code  
39236-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Planning Group, P.A.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436852617429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bean, Darrald, T., ,**

Mailing Address 3922 Rampart ST

City  
Boise

State  
ID

Zip Code  
83704-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bean Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436853317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swayne, Tom, , ,**

Mailing Address PO Box 31029

City  
Charleston

State  
SC

Zip Code  
29417-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David M. Gilston Insurance Agency, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436853717429**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

172.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trebing, C. Louanne, , ,**

Mailing Address 1806 Patton Drive

City  
Garland

State  
TX

Zip Code  
75042-8205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trebing Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436856917429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeman, Michael, J., ,**

Mailing Address 2333 Camino Del Rio South  
Suite 200

City  
San Diego

State  
CA

Zip Code  
92108-3600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Countywide Health Ins. Services, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436861817429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hesseltine, Caroline, , ,**

Mailing Address 7272 Wurzbach Road, Suite 104

City  
San Antonio

State  
TX

Zip Code  
78240-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABC / Associated Benefit Consultants,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436864917429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KEELING, George, R., ,**

Mailing Address P.O. Drawer K-1630  
507 Avenue G

City  
Levelland

State  
TX

Zip Code  
79336-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

George R. Keeling Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436865517429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mobley, Sandra, V., ,**

Mailing Address 137 Executive Dr. Suite D

City

Madison

State

MS

Zip Code

39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mobley Insurance Agency LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436869317429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Paula, L., ,**

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Paula Wilson, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436873517429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trahin, Cindy, K., ,**

Mailing Address 7127 Homestead Road  
Suite B

City  
Fort Wayne

State  
IN

Zip Code  
46814-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trahin Insurance Services LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436875617429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stuart, Rodney, , ,**

Mailing Address 484 E Carmel Dr  
Suite 358

City  
Carmel

State  
IN

Zip Code  
46032-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strategic Insurance Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436883317429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Adams, David, , ,**

Mailing Address 4166 South Arbor Circle

City  
Roswell

State  
GA

Zip Code  
30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Purchasing Alliance Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436891517429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spragins, Jackie, L., ,

Mailing Address P O Box 2073

City  
Wichita Falls

State  
TX

Zip Code  
76307-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allred-Thompson-Mason-Daugherty Insura

Occupation (for Individual)  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436895317429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Janway, Leah-Anne, , ,

Mailing Address 2225 SW 96

City  
Oklahoma City

State  
OK

Zip Code  
73159-6861

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436901517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morrow, Todd, , ,

Mailing Address 453 CLEAR WATER TRAIL

City  
HOLLY LAKE RANCH

State  
TX

Zip Code  
75765-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kilpatrick Companies LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436903717429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

122.00

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 144 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Daugherty, Cathy, M., ,**

Mailing Address 1122 East Lincoln Avenue  
Suite 203

City  
Orange

State  
CA

Zip Code  
92865-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bridge Port Benefits

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436910817429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Booth, Tonya, S., ,**

Mailing Address 1801 Gateway Blvd.  
Suite 200

City

Richardson

State

TX

Zip Code

75080-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upshaw Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436911017429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaffer, Annette, , ,**

Mailing Address 418 South Main Street

City

Findlay

State

OH

Zip Code

45840-3273

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Group Benefit Consultants

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436917217429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

147.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Recker, Dennis, J., ,**

Mailing Address 971 North Perry Street  
P.O. Box 276

City  
Ottawa

State  
OH

Zip Code  
45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Fawcett, Lammon, Recker & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436919017429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaczmarek, Lawrence, , ,**

Mailing Address 145 N. Chestnut St., Suite 202

City

Ravenna

State

OH

Zip Code

44266-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436923417429**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bensman, Jeffrey, S., ,**

Mailing Address PO Box 510938

City

Milwaukee

State

WI

Zip Code

53203-0161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Security Financial Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436931717429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

81.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Childers, Russell, B., ,**

Mailing Address PO Box 1547

City  
Americus

State  
GA

Zip Code  
31709-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Childers, CLU

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436934317429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cason, Louie, L., ,**

Mailing Address PO Box 11229

City  
Columbia

State  
SC

Zip Code  
29211-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Cason Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436934817429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436935117429

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

260.00

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 147 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whitmire, Jimmie, , ,**

Mailing Address 503 Eighth Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitmire & Whitmire, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436939117429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stenger, James, R., ,**

Mailing Address 8926 Crown Colony Boulevard

City  
Fort Myers

State  
FL

Zip Code  
33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVS Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436939917429**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seifert, Greg, J., ,**

Mailing Address P.O. Box 189  
916 Main Street

City  
Vancouver

State  
WA

Zip Code  
98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
West Coast Ins Services dba Biggs Ins

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436941617429**

Amount of Each Receipt this Period

135.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

347.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woods, John, T., ,**

Mailing Address 458 High Street

City  
Warren

State  
OH

Zip Code  
44481-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INSURANCE NAVIGATORS AGENCY

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436950017429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Robert, V., ,**

Mailing Address PO Box 698

City  
Centralia

State  
WA

Zip Code  
98531-0698

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centralia General Agencies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436961717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wolfe, Rosanne, , ,**

Mailing Address PO Box 17236

City  
Tucson

State  
AZ

Zip Code  
85731-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wolfe Insurance & Consultants, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR436962417429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schneider, John, E, ,

Mailing Address 4701 Trousdale Dr. Ste 202

City  
NashvilleState  
TNZip Code  
37220-1386FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial LifeOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436963517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parker, John, C., ,

Mailing Address 38 Hope St  
Unit 1312City  
NianticState  
CTZip Code  
06357-2454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parker AgencyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436986817429

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Splawn, William, Craig, ,

Mailing Address 800 Avenue C

City  
KatyState  
TXZip Code  
77493-2302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Splawn & AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR436992817429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

180.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rose, Charla, S., ,**

Mailing Address PO Box 1299

City  
Amarillo

State  
TX

Zip Code  
79105-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upshaw Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR436999117429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fristoe, Kelly, Don, ,**

Mailing Address 807 8th Street, Suite 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Financial Partners

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437002317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thorn, Ryan, P., ,**

Mailing Address 10342 South Springcrest Lane

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ryan P. Thorn Insurance Planning, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437004017429**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doyle, Betty, R., ,**

Mailing Address 108 SE 3rd, Suite A

City  
Moore

State  
OK

Zip Code  
73160-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Doyle-Crow & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437006917429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buie, Scott, T., ,**

Mailing Address 6440 South Wasatch Blvd., #150

City

Salt Lake City

State

UT

Zip Code

84121-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buie Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437010517429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gray, Michael, D., ,**

Mailing Address 233 South 13th Street, Suite 1650

City

Lincoln

State

NE

Zip Code

68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Harry A. Koch Co

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437016717429**

Amount of Each Receipt this Period

425.00

☐ Memo Item

P/R Deduction (\$225.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duhon, Keith, M., ,**

Mailing Address PO Box 80158

City  
Lafayette

State  
LA

Zip Code  
70598-0158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Family Insurance Center, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

**12 / 31 / 2017**

**Transaction ID : PR437017117429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaczmarek, T. Darlene, , ,**

Mailing Address 145 N. Chestnut St., Suite 202

City  
Ravenna

State  
OH

Zip Code  
44266-4009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

**12 / 31 / 2017**

**Transaction ID : PR437026317429**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blizman, Donna, J., ,**

Mailing Address 1939 Racimo Dr

City  
Sarasota

State  
FL

Zip Code  
34240-9426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Employee Benefits Marketing Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

**12 / 31 / 2017**

**Transaction ID : PR437031517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

91.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shapiro, Stuart, , ,

Mailing Address PO Box 587

City  
Wheeling

State  
IL

Zip Code  
60090-0587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare/SecureHorizons

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  
12 / 31 / 2017

Transaction ID : PR437033317429

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moore, Wesley, P., ,

Mailing Address P O Box 604

City  
Darlington

State  
SC

Zip Code  
29540-0604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moore Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437039417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Leesa, Kay, ,

Mailing Address 812 Lyndon Lane Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437043317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ellingson, Susan, Katherine, ,**

Mailing Address 4100 Victoria St

City  
Minnetonka

State  
MN

Zip Code  
55345-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Above & Beyond Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437048717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Jonathan, S., ,**

Mailing Address 6084 South 900 East, Suite 102

City  
Salt Lake City

State  
UT

Zip Code  
84121-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437051517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brockhurst, Eleanor, M., ,**

Mailing Address 1212 East Osborn Road, Suite 110

City  
Phoenix

State  
AZ

Zip Code  
85014-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brockhurst & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437052817429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Kimberly, C., ,**

Mailing Address 1027 S Pendleton Street  
Suite B-217

City  
Easley

State  
SC

Zip Code  
29642-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437058217429

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olson, Terri, M., ,**

Mailing Address P. O. Box 21479

City  
Keizer

State  
OR

Zip Code  
97307-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Olson Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437070217429

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1083.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437076117429

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

189.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KSA Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR43707217429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez, Juan, R., ,**

Mailing Address 22431 Antonio Pkwy  
Suite B160-420

City

Rancho Santa Margarita

State  
CA

Zip Code  
92688-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437079017429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Douglas, Paul, L., ,**

Mailing Address 100 Independence Place, Suite S-21

City  
Tyler

State  
TX

Zip Code  
75703-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Douglas & Associates Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437080217429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Koehler, Linda Rose, , ,**

Mailing Address 235 Main Street

City  
Pleasanton

State  
CA

Zip Code  
94566-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Herzog Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437090117429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kennedy-Simington, Dierdre, , ,**

Mailing Address 1000 Walnut Street, Suite 121

City  
Pasadena

State  
CA

Zip Code  
91106-5354

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAssist Health Insurance Services, L

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437094117429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henehan, Joseph, E., ,**

Mailing Address 685 Carnegie Dr., Ste. #205

City  
San Bernardino

State  
CA

Zip Code  
92408-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Henehan Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437097917429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

212.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krueger, Linda, E., ,**

Mailing Address 5753 Houseman Ave

City  
Pueblo

State  
CO

Zip Code  
81004-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorado Choice Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437098517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roiz, Mario, , ,**

Mailing Address 10446 NW 31st Terrace

City  
Doral

State  
FL

Zip Code  
33172-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HR Benefit Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437104917429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stephens, James, R., ,**

Mailing Address 100 Mansell Ct East  
Suite 400

City  
Roswell

State  
GA

Zip Code  
30076-4859

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437110717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Garner, G. Russell, , ,**

Mailing Address 1308 Murraywood Drive

City  
Columbia

State  
SC

Zip Code  
29212-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G. Russell Garner LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437113217429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **MCEVILLY, BRIAN, J., ,**

Mailing Address 4455 S. Pecos Rd.

City  
Las Vegas

State  
NV

Zip Code  
89121-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLB Insurance Group of Nevada

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437117717429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Roberts, Joseph, K., ,**

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 ▼

2040.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437118017429

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

285.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klene, Lonnie, , ,

Mailing Address 14339 Torrey Chase Blvd., Ste F

City  
HoustonState  
TXZip Code  
77014-1631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Core Benefits

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  
12 / 31 / 2017

Transaction ID : PR437119617429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Benton, Bruce, D., ,

Mailing Address 17200 Ventura Blvd  
Suite 312City  
EncinoState  
CAZip Code  
91316-5018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Genesis Financial &amp; Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437123017429

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Antongiovanni, Joanna, , ,

Mailing Address 2929 Allen Parkway  
Suite 2500City  
HoustonState  
TXZip Code  
77019-2178FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wortham Insurance &amp; Risk Management

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  
12 / 31 / 2017

Transaction ID : PR437128017429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Friedrich, Linda, K., ,

Mailing Address 4435 O Street

City  
Lincoln

State  
NE

Zip Code  
68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437129117429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Griffey, Patricia, A., ,

Mailing Address 17535 Generations Dr

City  
South Bend

State  
IN

Zip Code  
46635-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Healy Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437135317429

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Papenfus, Jeffrey, , ,

Mailing Address 32110 Agoura Road

City  
Westlake Village

State  
CA

Zip Code  
91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437137817429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walsh, Timothy, P., ,**

Mailing Address 701 Oyster Catcher Drive

City  
Hampstead

State  
NC

Zip Code  
28443-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Insurance Systems

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437149417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hebert, Laura, L., ,**

Mailing Address 935 Graham Road  
PO BOX 18508

City  
Corpus Christi

State  
TX

Zip Code  
78418-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebert Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437154817429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. White, Robert, H., ,**

Mailing Address 6724 S 29th W Place

City  
Tulsa

State  
OK

Zip Code  
74132-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Plan Benefit Analysts of Tulsa, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437174117429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allard, Terry, , ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437182317429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murray, Neal, , ,**

Mailing Address 1314 East Atlantic Boulevard

City

Pompano Beach

State

FL

Zip Code

33060-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frank H. Furman, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437183417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ducote, Dale, , ,**

Mailing Address 7922 Summa Avenue, Suite B-1

City

Baton Rouge

State

LA

Zip Code

70809-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Plus Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437184617429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thau, Claude, , ,**

Mailing Address 11020 Oakmont Street

City

Overland Park

State

KS

Zip Code

66210-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Target Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437184817429**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Debler, Johnnie, O., ,**

Mailing Address 1102 E. Laurel St.

City

Rockport

State

TX

Zip Code

78382-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GSM Insurors Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437196417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crable, John, B., ,**

Mailing Address 5000 Dearborn Cir. Ste 100

City

Mount Laurel

State

NJ

Zip Code

08054-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate Synergies Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437199717429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Braden, Victoria, J., ,**

Mailing Address 3875 Johns Creek Parkway, Suite C

City  
Suwanee

State  
GA

Zip Code  
30024-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Braden Benefit Strategies, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437201917429

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nace, Joshua, D., ,**

Mailing Address 100 W. Harrison Street, Suite S440

City  
Seattle

State  
WA

Zip Code  
98119-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dental Health Services

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  
12 / 31 / 2017

Transaction ID : PR437203317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, Lon, G., ,**

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 ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437204317429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

365.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bundy-Cobb, Jennifer, , ,**

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 ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437204417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stenger, Marilyn, A., ,**

Mailing Address 8926 Crown Colony Blvd

City  
Fort Myers

State  
FL

Zip Code  
33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVS Consulting

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437206417429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garbina, James, S., ,**

Mailing Address 14010 FNB Pkwy Ste 300

City  
Omaha

State  
NE

Zip Code  
68154-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Harry A. Koch Co

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437212217429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Catherine, L., ,**

Mailing Address 39500 High Pointe Blvd., Suite 400

City  
Novi

State  
MI

Zip Code  
48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Administrators

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437218317429

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Musser, Rita, A., ,**

Mailing Address 3330 Thames Drive

City

Fort Wayne

State

IN

Zip Code

46815-5994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437229117429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gardner, Joy, K., ,**

Mailing Address 9424 Double R Blvd

City

Reno

State

NV

Zip Code

89521-5977

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comstock Insurance Agencies, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437231217429

Amount of Each Receipt this Period

197.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

387.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mordo, David, , ,

Mailing Address 15 West Main St, Route 520

City  
HolmdelState  
NJZip Code  
07733-2105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SlatteryGA, A division of Arthur J. GaOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437249617429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Norris, Michael, A., ,

Mailing Address 295 E Palmer Street

City  
FranklinState  
NCZip Code  
28734-3049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wayah Employee Benefits / EbenConceptsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437250017429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neace, Ryan, , ,

Mailing Address 555 W Shaw Ave  
Ste C-1City  
FresnoState  
CAZip Code  
93704-2503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Administrative Solutions, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437253417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

122.00

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 PageFOR LINE NUMBER: PAGE 169 OF 211  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barton-Lewis, Diane, L., ,**Mailing Address **Arthur J Gallagher & Co**  
**615 E. Britton Road**City  
**Oklahoma City**State  
**OK**Zip Code  
**73114-7710**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**Gallagher Benefit Services, Inc.**Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR437254117429**

Amount of Each Receipt this Period

**30.00**☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLane, Mark, A., ,**Mailing Address **3301 Veterans Drive, Suite 210**City  
**Traverse City**State  
**MI**Zip Code  
**49684-4575**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**Mark McLane Insurance**Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR437258317429**

Amount of Each Receipt this Period

**30.00**☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Powers-Booth, Sandra, Lee, ,**Mailing Address **4817 S. 175th Street**City  
**Seatac**State  
**WA**Zip Code  
**98188-3710**FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
**Health Benefits Northwest**Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**504.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

**Transaction ID : PR437264317429**

Amount of Each Receipt this Period

**42.00**☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**102.00****TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hardy, Allen, D., ,**

Mailing Address 802 Kosciusko Road  
P.O. Box 89

City  
Philadelphia

State  
MS

Zip Code  
39350-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Philadelphia Security Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437264917429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Toups, Jennifer, L., ,**

Mailing Address #1 Galleria Blvd, Suite 1122

City  
Metairie

State  
LA

Zip Code  
70001-2092

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437270517429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eastin, Bill, , ,**

Mailing Address 1504 Hackberry Street

City  
Metairie

State  
LA

Zip Code  
70001-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dardis Couvillion & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437271717429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hissong, James, H., ,**

Mailing Address 8401 Widmer Rd

City  
Lenexa

State  
KS

Zip Code  
66215-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437274717429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tolbert, Margaret, S., ,**

Mailing Address 6501 Peake Rd Bld 950

City  
Macon

State  
GA

Zip Code  
31210-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tolbert & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437280517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Summers, James, F., ,**

Mailing Address 8420 West Dodge Road, 5th Floor

City  
Omaha

State  
NE

Zip Code  
68114-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Market Sales, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437281017429

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rice, Russell, Lee, ,

Mailing Address 8000 IH-10 West, # 715

City  
San Antonio

State  
TX

Zip Code  
78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437283417429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hensley, Don, E., ,

Mailing Address P. O. Box 20626

City  
Oklahoma City

State  
OK

Zip Code  
73156-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bigbie, Hensley & Janway Insurance Age

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437293517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grossnickle, Jeffrey, R., ,

Mailing Address 1405 North College Avenue

City  
Bloomington

State  
IN

Zip Code  
47404-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First Insurance Group Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437294717429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yarberry, Luann, S., ,

Mailing Address 1300 10th Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Higginbotham Ins Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437301017429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, T.J., , ,

Mailing Address 1786 State Street

City  
Salem

State  
OR

Zip Code  
97301-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Huggins Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437310517429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Enders, Shannon, J., ,

Mailing Address 5797 Harvey Street - Suite A

City  
Norton Shores

State  
MI

Zip Code  
49444-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lakeshore Employee Benefits

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  
12 / 31 / 2017

Transaction ID : PR437322417429

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rogers, Barbara, , ,**

Mailing Address 1060 Laskin Road  
Suite 12B

City  
Virginia Beach

State  
VA

Zip Code  
23451-6365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mid Atlantic Benefit Solutions, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437322917429**

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Marie, D., ,**

Mailing Address 701 4th Ave S. #1500

City  
Minneapolis

State  
MN

Zip Code  
55415-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DeRuyter-Bell, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437323317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mihalyi-Stiffler, Patricia, , ,**

Mailing Address 155 N. Riverview Drive

City  
Anaheim

State  
CA

Zip Code  
92808-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Options in Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437326117429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Patricia, A., ,**

Mailing Address 13815 Starhill Ct.

City  
Houston

State  
TX

Zip Code  
77077-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenefitMall

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437329717429

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pittman, Susan, R., ,**

Mailing Address 1010 South 336th Street  
Suite 305

City

Federal Way

State

WA

Zip Code

98003-7355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insure NW Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437343517429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duvernay, Jack, , ,**

Mailing Address P O Box 8950

City

Metairie

State

LA

Zip Code

70011-8950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
benefits.one

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  
12 / 31 / 2017

Transaction ID : PR437344517429

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawless, James, A., ,**

Mailing Address 710 East Main Street  
Suite 110

City  
Lexington

State  
KY

Zip Code  
40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Epic Insurance Solutions, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437348017429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Farrell, Jennifer, Liane, ,**

Mailing Address 3800 North Central Avenue  
9th Floor

City  
Phoenix

State  
AZ

Zip Code  
85012-1979

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Black, Gould & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1207.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437358817429**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bajkowski, Catherine, A., ,**

Mailing Address 188 Industrial Drive, Suite 226

City  
Elmhurst

State  
IL

Zip Code  
60126-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CB Health Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437361117429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

197.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Block, David, M., ,

Mailing Address P O Box 1809

City  
Candler

State  
NC

Zip Code  
28715-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialties, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437364417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paulus, Raquel, E., ,

Mailing Address 1368 Business Park Drive

City  
Traverse City

State  
MI

Zip Code  
49686-8640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Peterson McGregor & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437367917429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tikia, Rina, , ,

Mailing Address 3525 N. Causeway Blvd., Suite 815

City  
Metairie

State  
LA

Zip Code  
70002-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tikia Consulting Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437375317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas, Jeffery, C., ,**

Mailing Address 6200 Reynolds Road

City  
Jackson

State  
MI

Zip Code  
49201-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Small Business Association of Michigan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437385417429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cutting, Brenda, , ,**

Mailing Address 4356 Bonney Road  
Suite 2-101

City  
Virginia Beach

State  
VA

Zip Code  
23452-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437388317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clingan, Nedra, C., ,**

Mailing Address 13222 Huisache Way

City  
Helotes

State  
TX

Zip Code  
78023-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Renaissance Family of Companies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437397717429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bogard, Andrea, J., ,**

Mailing Address 100 W. Court Ave.  
Suite 207

City  
Jeffersonville

State  
IN

Zip Code  
47130-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A. Bogard Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437400017429**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutierrez, Antonio, , ,**

Mailing Address 12833 Riverdance Dr.

City  
Raleigh

State  
NC

Zip Code  
27613-7093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ACA Dudes, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437402017429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cramer, Valerie, Lynn, ,**

Mailing Address 588 - 3 Mile Road, NW  
Suite 101

City  
Grand Rapids

State  
MI

Zip Code  
49544-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grotenhuis

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437416417429**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hahn, Monique, E., ,

Mailing Address 100 18th St S  
Suite 111

City  
Birmingham

State  
AL

Zip Code  
35233-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synergy Benefits & Risk Mgt Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437417017429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gandy, Hollie, , ,

Mailing Address 2920 Duniven Circle, #2

City  
Amarillo

State  
TX

Zip Code  
79109-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Solutions Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437425017429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wallace, Keith, , ,

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 ▼

635.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437425817429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

155.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clark, Robert, S., ,**

Mailing Address 7548 Preston Road

City  
Frisco

State  
TX

Zip Code  
75034-5683

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clark Insurance Associates, PLLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437427217429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosenblum, Joel, , ,**

Mailing Address 230 Lipan Way

City  
Boulder

State  
CO

Zip Code  
80303-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance for Asset Protection

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437427417429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. May, Robert, L., ,**

Mailing Address 1416 East Main Suite A

City  
Puyallup

State  
WA

Zip Code  
98372-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Robert L. May & Associates, Inc. DBA H

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437450717429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

104.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mutter, Amy, D., ,**

Mailing Address 2670 Electric Road

City  
Roanoke

State  
VA

Zip Code  
24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437454917429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Damron, Reed, , ,**

Mailing Address 5880 Live Oak Parkway, Suite 250

City  
Norcross

State  
GA

Zip Code  
30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HIRE Benefits, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437468917429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anderson-Wallis, Melinda, S., ,**

Mailing Address 950 N. Meridian St.  
Suite 200

City  
Indianapolis

State  
IN

Zip Code  
46204-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437470817429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

157.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, David, C., ,**

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 ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437474517429**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Creasy, Marcus, , ,**

Mailing Address P. O. Box 220

City

Heber Springs

State

AR

Zip Code

72543-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adams & Creasy Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437474917429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fiala, Colby, , ,**

Mailing Address 195 River Vista Place Suite #206

City

Twin Falls

State

ID

Zip Code

83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437475117429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennington, Carol, C., ,**

Mailing Address 4640 Woodbridge Drive

City  
Kernersville

State  
NC

Zip Code  
27284-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437485417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCDANIEL, Randy, L., ,**

Mailing Address 575 Chambers Road

City  
McDonough

State  
GA

Zip Code  
30253-6447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McDaniel Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437485717429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gransee, Colleen, J., ,**

Mailing Address 1277 Deming Way

City  
Madison

State  
WI

Zip Code  
53717-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dean Health Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437490417429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohn, Barry, S., ,**

Mailing Address 21515 Vanowen St Ste 200

City  
Canoga Park

State  
CA

Zip Code  
91303-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437497317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rider, Susan, M., ,**

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 ▼

906.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437510717429

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stedt, Margaret, Evelyn, ,**

Mailing Address P. O. Box 74325

City  
San Clemente

State  
CA

Zip Code  
92673-0145

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 ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437529917429

Amount of Each Receipt this Period

310.00

☐ Memo Item

P/R Deduction (\$225.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

403.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coley, Maggie, , ,

Mailing Address 29 Olde Gate Court

City  
PoolerState  
GAZip Code  
31322-8281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coley Benefit Services, IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2017

Transaction ID : PR437534017429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swanson, Cynthia, , ,

Mailing Address 501 Shelley Drive

City  
TylerState  
TXZip Code  
75701-9540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hibbs Hallmark & CompanyOccupation (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  
12 31 2017

Transaction ID : PR437544917429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moriello, Nicholas, A., ,

Mailing Address 200 Continental Drive  
Suite 305City  
NewarkState  
DEZip Code  
19713-4336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2017

Transaction ID : PR437562217429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

147.00

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 187 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Giardina, Charles, J., ,**

Mailing Address 5440 Mounes Street, Suite 112

City  
New Orleans

State  
LA

Zip Code  
70123-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MassMutual

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437562817429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Contorno, David, , ,**

Mailing Address 331 Alcove Rd 2nd Floor

City

Mooresville

State

NC

Zip Code

28117-7660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lake Norman Benefits, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437566617429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schneider, Chad, P., ,**

Mailing Address 848 W. Eastman St.  
STE 104

City

Chicago

State

IL

Zip Code

60642-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Jellyvision

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437566817429**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miles, Bradley, V., ,**

Mailing Address 6127 N Campbell Road

City

Otis Orchards

State

WA

Zip Code

99027-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brad Miles Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437580317429**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alm, Daniel, , ,**

Mailing Address P.O. Box 3248

City

Omaha

State

NE

Zip Code

68180-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross and Blue Shield of Nebraska

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437585517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mobley, Dennis, F., ,**

Mailing Address 137 Executive Drive  
Suite D

City

Madison

State

MS

Zip Code

39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mobley Insurance Agency, LLC, a Divisi

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437587517429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Thomas, L., ,**

Mailing Address POB 31955

City  
Amarillo

State  
TX

Zip Code  
79120-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TLM & Associates, Inc

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437588717429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waller, Doris, , ,**

Mailing Address 1778 N. Plano Rd.  
Suite 310

City  
Richardson

State  
TX

Zip Code  
75081-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pan-American Life Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437591517429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Judith, L., ,**

Mailing Address P O Box 10071

City  
Tyler

State  
TX

Zip Code  
75711-0071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFG Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437594117429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swinton, Ryan, R., ,**

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437594917429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burns, Patrick, , ,**

Mailing Address 5653 Maxwellton Road

City  
Oakland

State  
CA

Zip Code  
94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Burns Employee Benefits Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437600517429**

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Starks, Eugene, , ,**

Mailing Address 613 Crescent Circle  
Suite 201

City  
Ridgeland

State  
MS

Zip Code  
39157-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Administration Services, Ltd.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437603117429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, George, , ,

Mailing Address 4109 Woodway Dr.

City  
MonroeState  
LAZip Code  
71201-2218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Financial Planning ResourcesOccupation (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  
12 / 31 / 2017

Transaction ID : PR437605717429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reisinger Pool, Gentry, , ,

Mailing Address 3803 Village Glen Tr.

City  
ArlingtonState  
TXZip Code  
76016-2713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ConnectYourCareOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437620317429

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LaRocco, Andrew, M., ,

Mailing Address 5880 Live Oak Parkway, # 230

City  
NorcrossState  
GAZip Code  
30093-1740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The LaRocco CompaniesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437640917429

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

220.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Israel, Steven, , ,**

Mailing Address 4204 Manor Forest Trail

City  
Boynton Beach

State  
FL

Zip Code  
33436-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S. Florida Affiliated Health Insurers,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437654417429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rose, Mark, , ,**

Mailing Address 11225 SE 6 Th St  
Suite 110

City  
Bellevue

State  
WA

Zip Code  
98004-6478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Partners Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437657717429**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siciliano, Dominic, , ,**

Mailing Address 4500 Cascade Road SE Suite 106

City  
Grand Rapids

State  
MI

Zip Code  
49546-3665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Profiles, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437669517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

242.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Strouse, Marcie, , ,

Mailing Address 5550 Wild Rose Ln  
4th Floor

City  
West Des Moines

State  
IA

Zip Code  
50266-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437683117429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kelley, Dianne, M., ,

Mailing Address 7320 N La Cholla Blvd.  
Suite 154-219

City  
Tucson

State  
AZ

Zip Code  
85741-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sandbrook Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437684517429

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Atkinson, Lynn, , ,

Mailing Address 3800 Electric Road, # 406

City  
Roanoke

State  
VA

Zip Code  
24018-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437687317429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 194 OF 211

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Granado, Arthur, , ,**

Mailing Address 418 Peoples, # 505

City  
Corpus Christi

State  
TX

Zip Code  
78401-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Granado Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437693217429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Brad, , ,**

Mailing Address 622 Main St.

City  
Woodland

State  
CA

Zip Code  
95695-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wraith, Scarlett, & Randolph Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437694917429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Webb, Yolanda, Marie, ,**

Mailing Address 6117 Clover Ct.

City  
Chino

State  
CA

Zip Code  
91710-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Webb Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1018.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437705617429**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 OF 211

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoffman, Crystal, , ,**

Mailing Address P.O. Box 709

City  
Sugar LandState  
TXZip Code  
77487-0709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Concepts, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017
**Transaction ID : PR437720817429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nikel, Penny, E., ,**

Mailing Address 20699 W Colina Cr

City  
BuckeyeState  
AZZip Code  
85396-6513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nikel Insurance Associates LLCOccupation (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  
12 / 31 / 2017
**Transaction ID : PR437728917429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kirsch, Cara, , ,**

Mailing Address 12027 S. 79th Avenue

City  
PapillionState  
NEZip Code  
68046-4609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SilverStone GroupOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017
**Transaction ID : PR437731117429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berry, Ernest, , ,**

Mailing Address 5121 69th St., A9A

City  
Lubbock

State  
TX

Zip Code  
79424-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Berry Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437737417429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conto, Teresa, , ,**

Mailing Address 15800 Crabbs Branch Way #350

City  
Rockville

State  
MD

Zip Code  
20855-2697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437740817429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Leslie, A., ,**

Mailing Address 2295 Hilltop Drive  
Suite 5

City  
Redding

State  
CA

Zip Code  
96002-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Leslie A. Williams Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

492.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437742917429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABNEY, Tommy, , ,**

Mailing Address 113 Hereford Drive

City  
Tupelo

State  
MS

Zip Code  
38804-9104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bottrell Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437745817429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Edwards, Susan, Christensen, ,**

Mailing Address 40 S. Roop St.

City  
Susanville

State  
CA

Zip Code  
96130-4336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E. Christensen Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437755517429**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perlson, Les, , ,**

Mailing Address 250 Crossways Park Dr

City  
Woodbury

State  
NY

Zip Code  
11797-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CB Planning

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437767517429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cade, Kareim, R., ,**

Mailing Address 28411 Northwestern Hwy., Ste 950

City  
Southfield

State  
MI

Zip Code  
48034-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great Lakes Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437778617429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Riddle, Tammy, M., ,**

Mailing Address 3718 W. Lancer Rd.

City  
Peoria

State  
IL

Zip Code  
61615-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pearl Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437786517429

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Heider, Ryan, , ,**

Mailing Address 195 River Vista Place Suite #206

City  
Twin Falls

State  
ID

Zip Code  
83301-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Magic Valley Ins.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR437792217429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schell, Gregory, J., ,**

Mailing Address 545 South Third Street  
Suite 300

City  
Louisville

State  
KY

Zip Code  
40202-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling G. Thompson Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437797617429**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waters, Lindsey, Paige, ,**

Mailing Address 5311 Patterson Ave

City  
Richmond

State  
VA

Zip Code  
23226-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
First National Brokerage Corp.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437808017429**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Purcilly, Amy, , ,**

Mailing Address PO Box 7028

City  
Troy

State  
MI

Zip Code  
48007-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437814917429**

Amount of Each Receipt this Period

230.00

☐ Memo Item

P/R Deduction (\$150.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 211  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fisher, Erin, B., ,**

Mailing Address 131-6 Courtland Avenue

City  
Stamford

State  
CT

Zip Code  
06902-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Find Medicare Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437819717429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taggart, Liz, , ,**

Mailing Address 8530 Belnor Dr.

City  
Cicero

State  
NY

Zip Code  
13039-8845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Medicare Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437825117429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hediger, Debbie, R., ,**

Mailing Address 4907 Boynton Ct

City  
Tampa

State  
FL

Zip Code  
33625-6622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Engage PEO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : PR437852417429**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

147.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Little, Cathy, , ,**

Mailing Address 1145 2nd Street

#A-269

City

Brentwood

State

CA

Zip Code

94513-2292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Essential Exchange Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437855617429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St

Suite 310

City

Omaha

State

NE

Zip Code

68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OCI Insurance and Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437873217429**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emidy, Mike, , ,**

Mailing Address P O Box 2021

City

Ridgeland

State

MS

Zip Code

39158-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Colonial Life

Occupation (for Individual)

Broker

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2017

**Transaction ID : PR437878317429**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lupcke, Adam, , ,

Mailing Address 600 E Lafayette Blvd.

City  
DetroitState  
MIZip Code  
48226-2927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of MichiganOccupation (for Individual)  
Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR450744817429

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waltman, Jessica, Fulginiti, ,

Mailing Address 10 Doyle Road

City  
WayneState  
PAZip Code  
19087-3903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forward Health ConsultingOccupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR470100117429

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riley, Amanda, Danielle, ,

Mailing Address 22706 SE 279th ST.

City  
Maple ValleyState  
WAZip Code  
98038-5112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthEquity, Inc.Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR476686817429

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

178.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wakamoto-Lee, Sue, , ,

Mailing Address 6386 Sussex Ct

City  
DublinState  
CAZip Code  
94568-7443FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Limelight HealthOccupation (for Individual)  
Benefits Advisor

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  
12 / 31 / 2017

Transaction ID : PR476908117429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Petersen, Benjamin, Lee, ,

Mailing Address PO Box 971

City  
RidgefieldState  
WAZip Code  
98642-0971FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Nora GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR492528817429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morelli, Vincent, M., ,

Mailing Address 746 5th St

City  
LyndhurstState  
NJZip Code  
07071-3214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AflacOccupation (for Individual)  
Regional Sales Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

Transaction ID : PR511041217429

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

126.00

TOTAL This Period (last page this line number only).....▶

35878.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 OF 211

<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. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				04				2017					

FEC Identification Number

C

**Transaction ID : 11641892**

Amount of Each Disbursement this Period

235.46

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				28				2017					

FEC Identification Number

C

**Transaction ID : 11641893**

Amount of Each Disbursement this Period

55.90

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2017					

FEC Identification Number

C

**Transaction ID : 11642648**

Amount of Each Disbursement this Period

923.03

Credit Card Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1214.39

1214.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 OF 211

<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. Vicky Hartzler For Congress**

Mailing Address PO Box 531

City  
HarrisonvilleState  
MOZip Code  
64701Purpose of Disbursement  
11/30 Lunch

011

Category/  
Type

Candidate Name

**Hartzler, Vicky, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

FEC Identification Number

C C00464602

**Transaction ID : 11594876**

Amount of Each Disbursement this Period

1000.00

11/30 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. McConnell for Majority Leader**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
12/4 Dinner

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

FEC Identification Number

C

**Transaction ID : 11594919**

Amount of Each Disbursement this Period

2500.00

12/4 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ami Bera For Congress**

Mailing Address PO Box 582496

City  
Elk GroveState  
CAZip Code  
95758Purpose of Disbursement  
12/5 Event

011

Category/  
Type

Candidate Name

**Bera, Ami, , Rep., MD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2017

FEC Identification Number

C C00461061

**Transaction ID : 11594920**

Amount of Each Disbursement this Period

1000.00

12/5 Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 OF 211

<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. Josh Gottheimer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Mailing Address PO Box 584

City  
RidgewoodState  
NJZip Code  
07451Purpose of Disbursement  
12/6 Breakfast Host

011

Category/  
Type

Candidate Name

**Gottheimer, Josh, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

FEC Identification Number

C C00573949

**Transaction ID : 11595329**

Amount of Each Disbursement this Period

3000.00

12/6 Breakfast Host

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Gottheimer For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Mailing Address PO Box 584

City  
RidgewoodState  
NJZip Code  
07451Purpose of Disbursement  
12/6 Breakfast Host

011

Category/  
Type

Candidate Name

**Gottheimer, Josh, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 05

FEC Identification Number

C C00573949

**Transaction ID : 11595330**

Amount of Each Disbursement this Period

2000.00

12/6 Breakfast Host

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Bost For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

Mailing Address PO Box 1212

City  
MurphysboroState  
ILZip Code  
62966Purpose of Disbursement  
12/6 Lunch

011

Category/  
Type

Candidate Name

**Bost, Mike, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 12

FEC Identification Number

C C00546499

**Transaction ID : 11595331**

Amount of Each Disbursement this Period

1000.00

12/6 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 211

<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. Kind For Congress Committee**Mailing Address 205 5th Avenue S  
Room 428City  
La CrosseState  
WIZip Code  
54601Purpose of Disbursement  
12/7 Lunch

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:

☒

House

☐ Senate☐ President

Disbursement For: 2018

☒

Primary

☐

General

☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				05				2017					

FEC Identification Number

**C** C00312017**Transaction ID : 11595332**

Amount of Each Disbursement this Period

1000.00

12/7 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Biggs For Congress**

Mailing Address 228 S Washington St Suite 115

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
12/7 1:1 Breakfast

011

Category/  
Type

Candidate Name

**Biggs, Andy, , ,**

Office Sought:

☒

House

☐ Senate☐ President

Disbursement For: 2018

☒

Primary

☐

General

☐ Other (specify) ▼

State: AZ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				05				2017					

FEC Identification Number

**C** C00610451**Transaction ID : 11595333**

Amount of Each Disbursement this Period

1000.00

12/7 1:1 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TEAM RYAN**

Mailing Address 320 1ST ST SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
12/7 Dinner

011

Category/  
Type

Candidate Name

Office Sought:

☐

House

☐ Senate☐ President

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				05				2017					

FEC Identification Number

**C****Transaction ID : 11595334**

Amount of Each Disbursement this Period

2500.00

12/7 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 211

<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. Randy Hultgren For Congress**

Mailing Address PO Box 717

City  
St CharlesState  
ILZip Code  
60174Purpose of Disbursement  
12/7 Lunch

011

Candidate Name

**Hultgren, Randy, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

FEC Identification Number

C C00467522

**Transaction ID : 11595335**

Amount of Each Disbursement this Period

1000.00

12/7 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
LyndoraState  
PAZip Code  
16045Purpose of Disbursement  
12/10 Event

011

Candidate Name

**Kelly, Mike, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2017

FEC Identification Number

C C00474189

**Transaction ID : 11595336**

Amount of Each Disbursement this Period

4000.00

12/10 Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill Nelson For U S Senate**

Mailing Address 972 W Whitmire Drive

City  
MelbourneState  
FLZip Code  
32935Purpose of Disbursement  
12/12 Breakfast Sponsor

011

Candidate Name

**Nelson, Bill, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

FEC Identification Number

C C00344051

**Transaction ID : 11595638**

Amount of Each Disbursement this Period

2000.00

12/12 Breakfast Sponsor

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 211

<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. Bill Nelson For U S Senate**

Mailing Address 972 W Whitmire Drive

City  
MelbourneState  
FLZip Code  
32935Purpose of Disbursement  
12/12 Breakfast Sponsor

011

Category/  
Type

Candidate Name

**Nelson, Bill, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2017					

FEC Identification Number

**C** C00344051**Transaction ID : 11595639**

Amount of Each Disbursement this Period

1000.00

12/12 Breakfast Sponsor

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City  
AnchorageState  
AKZip Code  
99510Purpose of Disbursement  
12/12 Dinner

011

Category/  
Type

Candidate Name

**Murkowski, Lisa, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2017					

FEC Identification Number

**C** C00384529**Transaction ID : 11595640**

Amount of Each Disbursement this Period

2000.00

12/12 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dan Lipinski For Congress**

Mailing Address P.O. Box 520

City  
Western SpringsState  
ILZip Code  
60558Purpose of Disbursement  
12/13 Coffee

011

Category/  
Type

Candidate Name

**Lipinski, Daniel, William, Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2017					

FEC Identification Number

**C** C00405431**Transaction ID : 11595641**

Amount of Each Disbursement this Period

1000.00

12/13 Coffee

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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PAGE 210 OF 211

<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. David Schweikert For Congress**

Mailing Address 15749 E El Lago Blvd

City  
Fountain HillsState  
AZZip Code  
85268Purpose of Disbursement  
12/13 Dinner

011

Category/  
Type

Candidate Name

**Schweikert, David, , Mr.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00440727

**Transaction ID : 11595642**

Amount of Each Disbursement this Period

1000.00

12/13 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Walker 4 Nc**

Mailing Address PO Box 99247

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
12/14 Breakfast

011

Category/  
Type

Candidate Name

**Walker, Mark, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00543231

**Transaction ID : 11595643**

Amount of Each Disbursement this Period

1000.00

12/14 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heidi For Senate**

Mailing Address PO Box 1577

City  
BismarckState  
NDZip Code  
58502Purpose of Disbursement  
12/14 Lunch Sponsor

011

Category/  
Type

Candidate Name

**Heitkamp, Heidi, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00505552

**Transaction ID : 11595644**

Amount of Each Disbursement this Period

2000.00

12/14 Lunch Sponsor

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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PAGE 211 OF 211

<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. Heidi For Senate**

Mailing Address PO Box 1577

City  
BismarckState  
NDZip Code  
58502Purpose of Disbursement  
12/14 Lunch Sponsor

011

Category/  
Type

Candidate Name

**Heitkamp, Heidi, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

**C** C00505552**Transaction ID : 11595645**

Amount of Each Disbursement this Period

500.00

12/14 Lunch Sponsor

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

30500.00