

# 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) 999 E Street, NW  
Suite 400  
Washington DC 20004  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00283135

3. IS THIS REPORT  NEW (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)  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)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2022] through [07] / [31] / [2022]

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

[08] / [12] / [2022]

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

**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:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  | <input type="text" value="358050.66"/> | <input type="text" value="358050.66"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="274628.10"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="37004.67"/>  | <input type="text" value="361816.02"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="311632.77"/> | <input type="text" value="719866.68"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="73749.94"/>  | <input type="text" value="481983.85"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="237882.83"/> | <input type="text" value="237882.83"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Underwriters Political Action Committee**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 28527.17                      | 216645.52                         |
| (ii) Unitemized .....   | 8477.50                       | 145170.50                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 37004.67                      | 361816.02                         |
| (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) .....  | 37004.67                      | 361816.02                         |
| 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)).....▶                         | 37004.67                      | 361816.02                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 37004.67                      | 361816.02                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 749.94                        | 7721.85                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 749.94                        | 7721.85                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 73000.00                      | 473500.00                         |
| 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                          | 762.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 762.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 73749.94                      | 481983.85                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 73749.94                      | 481983.85                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 37004.67                              | 361816.02                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 762.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 37004.67                              | 361054.02                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 749.94                                | 7721.85                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 749.94                                | 7721.85                                   |

**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 6 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b           |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c           |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17            |

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

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

**A. Kennedy-Simington, Dierdre, , CHRS, LPRT,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 E. Green Street, Second Floor

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Pasadena | State<br>CA | Zip Code<br>91101-2034 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>BenAssist Health Insurance Services, L | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
389.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768187**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 126 Jenny Drive

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Bear | State<br>DE | Zip Code<br>19701-2436 |
|--------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>HealthEquity | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768189**

Amount of Each Receipt this Period  
63.00

Memo Item

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

Mailing Address 4584 N. Rancho Drive

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Las Vegas | State<br>NV | Zip Code<br>89130-3478 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Branch Benefits Consultants | Occupation (for Individual)<br>Vice President |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
284.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768193**

Amount of Each Receipt this Period  
12.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 117.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 157<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                       |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                        |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 12                        |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16                        |
| <input type="checkbox"/>  | <input type="checkbox"/> 17                        |

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

**A. Shaw, Wanda, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 South 10 Street

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Griffin | State<br>GA | Zip Code<br>30224-2804 |
|-----------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Insurance Brokers of Georgia, Inc. | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768194**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Bagley, Calvin, Dean, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9640 W. Tropicana Avenue, Suite 10

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Las Vegas | State<br>NV | Zip Code<br>89147-2604 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Nuvo Health | Occupation (for Individual)<br>Managing Partner |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768196**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Martin, M. Danny, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1291 Jefferson Terrace

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Macon | State<br>GA | Zip Code<br>31201-6703 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>M. Danny Martin | Occupation (for Individual)<br>Insurance Advisor |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 02    |   | 2022        |

**Transaction ID : 16768198**

Amount of Each Receipt this Period  
42.00

Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 157                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Giardina, Charles, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 762.00

Date of Receipt 07 / 02 / 2022  
**Transaction ID : 16768200**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Baker, Misty, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Green Valley Dr  
 City Leander State TX Zip Code 78641-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2022  
**Transaction ID : 16768202**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Elam, Michael, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9000 Northpark Drive  
 City Johnston State IA Zip Code 50131-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 02 / 2022  
**Transaction ID : 16768207**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 157                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Riedl, Alycia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16570 Lake Ridge Dr  
 City Maple Grove State MN Zip Code 55311-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 02 / 2022  
**Transaction ID : 16768212**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Yurek, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13240 Evening Creek Dr S Suite 305  
 City San Diego State CA Zip Code 92128-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Terri Yurek Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768238**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Dorroh, Thomas, Allen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 996  
 City Killeen State TX Zip Code 76540-0996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768240**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Clark, Valerie, Jeanne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Hammill Ln  
 City Reno State NV Zip Code 89511-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768244**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. King, Carolyn, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768246**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stockstill, Julia Beckie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 297.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768247**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 11 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Warwick, John, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 595.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768248**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Perea, Carmen, Alicia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7938 Auburn Oaks Village Ln  
 City Citrus Heights State CA Zip Code 95610-0770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kansas City Life Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 637.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768249**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Dinkel, Matthew, Kim, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13700 Six Mile Cypress Pkwy  
 City Fort Myers State FL Zip Code 33912-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768250**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 255.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

**A. Bibian, Jolene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Maple Ct # 212  
 City Ventura State CA Zip Code 93003-9122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mills + Maple Insurance Solutions Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768251**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Banchy, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768252**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Murphy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3080 S Jog Rd  
 City Greenacres State FL Zip Code 33467-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 03 / 2022  
**Transaction ID : 16768253**  
 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: (check only one)                                      | PAGE 13 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Messina, Beverly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20061 Ridgeway Ct  
 City Clinton Township State MI Zip Code 48038-2290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2022  
**Transaction ID : 16768274**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Nolimal, Frank, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5740 S. Arville, Ste 204  
 City Las Vegas State NV Zip Code 89118-3071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2022  
**Transaction ID : 16768275**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Carroll, Ryan, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Florence Ave  
 City Cincinnati State OH Zip Code 45206-2426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2022  
**Transaction ID : 16768276**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 215.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Cagliola, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 04 / 2022  
**Transaction ID : 16768280**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Kirk, Stephanie, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18887 State Highway 305 Suite 300  
 City Poulsbo State WA Zip Code 98370-7461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768297**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Southan, Tamela, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 W. Renner Rd., Ste 330  
 City Richardson State TX Zip Code 75082-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1595.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768299**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Carothers, Christopher, B., LUTCF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3037 E Warm Springs Rd. Suite 400

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Las Vegas | State<br>NV | Zip Code<br>89120-3759 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Carothers Insurance Agency, Inc. | Occupation (for Individual)<br>Agency Owner |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 05    |   | 2022        |

**Transaction ID : 16768304**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

 Memo Item

**B. Deru, Scott, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 393 W Gordon Ave Ste 1

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Layton | State<br>UT | Zip Code<br>84041-2391 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Fringe Benefit Analysts | Occupation (for Individual)<br>President |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 05    |   | 2022        |

**Transaction ID : 16768306**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

 Memo Item

**C. Gualtieri, Peter, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 JFK Boulevard, Suite 1220

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Philadelphia | State<br>PA | Zip Code<br>19103-2810 |
|----------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Savoy | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 05    |   | 2022        |

**Transaction ID : 16768307**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Wham, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Plymouth Dr  
 City Plymouth Meeting State PA Zip Code 19462-2636  
 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 ▼ 294.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768308**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Hausladen, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 American Blvd Suite500  
 City Bloomington State MN Zip Code 55431-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768313**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Buffington, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 595.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768315**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 212.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 17 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Sale, Raymer, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway  
 Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 05 / 2022  
**Transaction ID : 16768316**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Carmichael, Stacy, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 209.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768811**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Niederman, Tammy, Lyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Avesis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768814**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 154.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Cupo, Gary, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Fairfields Commons**  
**271 Route 46 West Suite F-109**  
 City **Fairfield** State **NJ** Zip Code **07004-2447**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Benefit Solutions** Occupation (for Individual) **Health Insurance Specialist**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**285.00**

Date of Receipt  
**07 / 06 / 2022**  
**Transaction ID : 16768815**  
 Amount of Each Receipt this Period  
**30.00**  
 Memo Item

**B. Fanuele, Dominick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **214 Little Falls Rd., 2nd Floor**  
 City **Fairfield** State **NJ** Zip Code **07004-2637**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Fanuele Financial Group LLC** Occupation (for Individual) **Broker**  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**444.00**

Date of Receipt  
**07 / 06 / 2022**  
**Transaction ID : 16768817**  
 Amount of Each Receipt this Period  
**42.00**  
 Memo Item

**C. Hoffman, Crystal, , SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **P.O. Box 709**  
 City **Sugar Land** State **TX** Zip Code **77487-0709**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Benefit Concepts, Inc.** Occupation (for Individual) **Broker**  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
**720.00**

Date of Receipt  
**07 / 06 / 2022**  
**Transaction ID : 16768818**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>172.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Sokol, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Wilshire Drive  
 Suite 330  
 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 Occupation (for Individual) President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768819**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Combs, Susan, L., PPACA, ChH,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Fifth Ave  
 Ste 501  
 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 ▼ 294.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768820**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Stone Hill Farms Parkway  
 City Flower Mound State TX Zip Code 75028-4312  
 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 ▼ 860.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768822**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Lang, Belinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4231 Silveroak Way  
 City Boise State ID Zip Code 83709-6235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lang Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2022  
**Transaction ID : 16768824**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Mayer, Alana, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N. Central Ave 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) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 07 / 2022  
**Transaction ID : 16769157**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Pendorf, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31666 W. Nine Dr.  
 City Laguna Niguel State CA Zip Code 92677-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 07 / 2022  
**Transaction ID : 16769158**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Gussin, Craig, , CLU, LPRT,,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Palomar Airport Road #260

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Carlsbad | State<br>CA | Zip Code<br>92011-1047 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Auerbach & Gussin Insurance and Financ | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 07    |   | 2022        |

**Transaction ID : 16769160**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 240 Main St.  
Suite B

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Farmington | State<br>CT | Zip Code<br>06032-2975 |
|--------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Rogers Benefit Group | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 07    |   | 2022        |

**Transaction ID : 16769163**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 115 Lessard St

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Donaldsonville | State<br>LA | Zip Code<br>70346-2505 |
|------------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Humana | Occupation (for Individual)<br>Market Manager |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 07    |   | 2022        |

**Transaction ID : 16769165**

Amount of Each Receipt this Period  
30.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 22 OF 157               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Marinelli, Aaron, M. J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36711 American Way  
 Suite 2F  
 City Avon State OH Zip Code 44011-4061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 07 / 07 / 2022  
**Transaction ID : 16769168**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hahn, Monique, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Commons Dr  
 City Birmingham State AL Zip Code 35209-6962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Synergy Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 07 / 2022  
**Transaction ID : 16769170**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway  
 Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell & Associates Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 07 / 2022  
**Transaction ID : 16769171**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**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 23 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Mlynarski, Angela, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Ferndale Way  
 City Saint Augustine State FL Zip Code 32092-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **07 / 08 / 2022**  
**Transaction ID : 16769438**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38168 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 Medstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt **07 / 08 / 2022**  
**Transaction ID : 16769442**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tandrow, Tara, , CIC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 5815  
 City Boise State ID Zip Code 83705-0815  
 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 ▼ 210.00

Date of Receipt **07 / 08 / 2022**  
**Transaction ID : 16769443**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Eldridge, Jaudaun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6490 S McCarran Blvd Bldg C-24  
 City Reno State NV Zip Code 89509-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eldridge Agency Llc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : 16769447**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Galardini, Richard, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Pinewood Ln Ste 301  
 City Warrendale State PA Zip Code 15086-7617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : 16769452**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Kane, Karen, T., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3342 NE 156th Ave  
 City Portland State OR Zip Code 97230-4409  
 FEC 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 ▼ 500.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : 16769790**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 667.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Freeman, Joann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Oak Street  
 City Laguna Beach State CA Zip Code 92651-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : 16769798**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Trokey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S. Kirkwood Rd Ste 201  
 City Saint Louis State MO Zip Code 63122-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1595.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : 16769864**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**c. Magnuson, Raymond, E., JD,CLU,ChF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4337 E. 5th Street  
 City Tucson State AZ Zip Code 85711-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769880**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Hansen, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 So 2nd St  
 City Mount Vernon State WA Zip Code 98273-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769881**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Rider, Susan, M., MS, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 366  
 City Westfield State IN Zip Code 46074-0366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769883**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**c. Mordo, David, , ACA Certif,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Kennedy Court  
 City Middletown State NJ Zip Code 07748-3532  
 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 ▼ 1374.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769884**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 169.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Haberman, Joshua, , RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 Bryant Ave S  
Suite 105

City Bloomington State MN Zip Code 55420-3473

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

Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769887**

Amount of Each Receipt this Period 170.00

Memo Item

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

Mailing Address 205 N 4th St

City Grand Junction State CO Zip Code 81501-2522

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

Name of Employer (for Individual) Home Loan Insurance Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769888**

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 6185 Magnolia Ave Ste 319

City Riverside State CA Zip Code 92506-2524

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

Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769889**

Amount of Each Receipt this Period 30.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 220.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Deagle, Michael, P., REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 422 W. State St.  
Suite 150

City Geneva State IL Zip Code 60134-2104

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 ▼ 1291.69

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769890**

Amount of Each Receipt this Period 166.67

Memo Item

**B. Rice, Lori, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8830 Buckskin Dr

City Boerne State TX Zip Code 78006-5554

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

Name of Employer (for Individual) Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769891**

Amount of Each Receipt this Period 30.00

Memo Item

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

Mailing Address 4337 E. 5th Street

City Tucson State AZ Zip Code 85711-2025

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

Name of Employer (for Individual) Magnuson & Associates Occupation (for Individual) Account Executive

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2022  
**Transaction ID : 16769895**

Amount of Each Receipt this Period 30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 226.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Dillon, Michael, F., CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Flint Street

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Reno | State<br>NV | Zip Code<br>89501-2005 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Dillon Health | Occupation (for Individual)<br>President |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 10    |   | 2022        |

**Transaction ID : 16770225**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Block, Howard, , SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Oak Kolbe Ln

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77080-1468 |
|-----------------|-------------|------------------------|

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

|  |                             |
|--|-----------------------------|
| Name of Employer (for Individual)<br>Evry Health | Occupation (for Individual) |
|--|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 11    |   | 2022        |

**Transaction ID : 16770240**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Kelley, Dianne, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7320 N La Cholla Blvd.  
154-219

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Tucson | State<br>AZ | Zip Code<br>85741-2309 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Sandbrook Group | Occupation (for Individual)<br>Ins. Broker |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
441.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 11    |   | 2022        |

**Transaction ID : 16770241**

Amount of Each Receipt this Period  
63.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 458.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 30 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. White, Raymond, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 10487  
 City Bedford State NH Zip Code 03110-0487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Benefit & Retirement Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2022  
**Transaction ID : 16770246**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Riensche, Glen, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6101 Havelock Ave  
 City Lincoln State NE Zip Code 68507-1268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Insurance Services, Inc Occupation (for Individual) Financial Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770602**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S. Riverside Plaza Suite 900  
 City Chicago State IL Zip Code 60606-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770606**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 615.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. May, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770609**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Fairbairn, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Creative Insurance Concepts Inc 8069 Little Circle Rd  
 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 ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770616**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Nigro, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17117 Oak Drive Suite D  
 City Omaha State NE Zip Code 68130-2193  
 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 ▼ 595.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770617**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Brannon, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770619**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Blomgren, Laura, , CLTC, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 359 Tracy Ln  
 City Elgin State IL Zip Code 60124-4340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770621**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hild, Donald, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2640 Willard Dairy Rd. Suite 122  
 City HIGH POINT State NC Zip Code 27265-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770629**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Vipond, Elizabeth, T., CLU, CFP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 Cumberland Av Unit 1903  
 City Tampa State FL Zip Code 33602-4260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Senior Health Advisor Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16770631**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Berman, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8805 Sawleaf Rd  
 City Indianapolis State IN Zip Code 46260-1534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 12 / 2022  
**Transaction ID : 16771230**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Thomas, Brett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St STE 100  
 City Twin Falls State ID Zip Code 83301-4641  
 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 ▼ 315.00

Date of Receipt 07 / 13 / 2022  
**Transaction ID : 16771500**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Schroeder, Scott, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 East First Street  
 P O Box 327  
 City Mechanicsville State IA Zip Code 52306-0327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schroeder & Associates Occupation (for Individual) President/Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 13 / 2022  
**Transaction ID : 16771502**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Scholz, Paul, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N 203rd St  
 Ste 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 07 / 13 / 2022  
**Transaction ID : 16771503**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Blakely, Russ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 E 11th Street  
 Suite 302  
 City Chattanooga State TN Zip Code 37402-4269  
 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 ▼ 595.00

Date of Receipt 07 / 13 / 2022  
**Transaction ID : 16771505**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Daugherty, Cathy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3071 Via Serena N.  
 Unit A.  
 City Laguna Woods State CA Zip Code 92637-0416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **07 / 13 / 2022**  
**Transaction ID : 16771506**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Schiebel, Al, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Glenlake Parkway  
 North Tower, Suite 1050  
 City Atlanta State GA Zip Code 30328-3495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **07 / 13 / 2022**  
**Transaction ID : 16771507**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Sherrill, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 498 Palm Springs Dr, Suite 270  
 City Altamonte Springs State FL Zip Code 32701-7805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt **07 / 13 / 2022**  
**Transaction ID : 16771508**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 36 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Anderson, Corey, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11247 69th St NE Albertville  
 City Albertville State MN Zip Code 55301-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 13 / 2022  
**Transaction ID : 16771509**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Fearing, Meagan, Ray, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 N Wahsatch Ave  
 City Colorado Springs State CO Zip Code 80903-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Marketing Enterprises, Inc Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773777**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Benkowski, Patricia, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4688 W Jennifer Ave Ste 103  
 City Fresno State CA Zip Code 93722-6418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773778**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Lovich, Cathryn, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2355 Lee Elgin Road  
 City Woolwine State VA Zip Code 24185-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773779**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Chornak, Shelley, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773784**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Renkar, Christopher, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10286 Staples Mill Road #128  
 City Glen Allen State VA Zip Code 23060-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Renkar Insurance Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 794.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773785**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 126.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Sutton, Trent, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Poleline Rd., # A  
 City Pocatello State ID Zip Code 83201-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773787**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Matznick, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 Cottingham Ct  
 City Greensboro State NC Zip Code 27410-8362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773788**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Pierce, Mary, Jeannette, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 SE 105th Ct  
 City Vancouver State WA Zip Code 98664-4746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Northwest Occupation (for Individual) Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773789**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Daidone, Grace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S. Virginia  
 City Reno State NV Zip Code 89502-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773791**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Johnson, David, S., LUTCF,RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12138 Big Canoe  
 City Big Canoe State GA Zip Code 30143-5157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 14 / 2022  
**Transaction ID : 16773792**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Huston, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 University Street Suite 1900  
 City Seattle State WA Zip Code 98101-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lockton Companies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774633**  
 Amount of Each Receipt this Period 85.00  
 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: (check only one)       | PAGE 40 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Denz, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 N Wacker Dr  
 Ste 500  
 City Chicago State IL Zip Code 60606-2847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Benefit Advisors Occupation (for Individual) Marketing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774634**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Spleet, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 231.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774637**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Bellman, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9120 Branch Hollow Dr  
 City Dallas State TX Zip Code 75243-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774638**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 293.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Easterling, Sy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) BXS Insurance Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774640**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Stair, B. Gene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6626 Silvermine Dr. Suite 500  
 City Austin State TX Zip Code 78736-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stair & Associates LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774641**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Rose, Sherry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 E Patton St  
 City La Fayette State GA Zip Code 30728-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Solutions To Medicare Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774642**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 42 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Bilhartz, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41865 Boardwalk Ste 108  
 City Palm Desert State CA Zip Code 92211-9031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : 16774645**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Frankel, Teri, Frankel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21820 Burbank Blvd Suite 300  
 City Woodland Hills State CA Zip Code 91367-6485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 16 / 2022  
**Transaction ID : 16774765**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kennedy, Tamara, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7310 N 16th Street Suite 226  
 City Phoenix State AZ Zip Code 85020-8212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 16 / 2022  
**Transaction ID : 16774766**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 43 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 2 Hazelwood Lane

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Kinnelon | State<br>NJ | Zip Code<br>07405-2104 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>E.B. Cohen & Co., Inc. | Occupation (for Individual)<br>Principal |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 16    | / | 2022        |

**Transaction ID : 16774767**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 3312 W. Magistrate Loop

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Hayden | State<br>ID | Zip Code<br>83835-5019 |
|----------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Munger Insurance | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

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 |
| 07    | / | 16    | / | 2022        |

**Transaction ID : 16774768**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 3200 N. Central Ave.  
Suite 1170

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012-2419 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Hynes Benefits Consulting, LLC | Occupation (for Individual)<br>Principal |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 16    | / | 2022        |

**Transaction ID : 16774770**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Patton, Lee, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 Maple Street  
 City West Des Moines State IA Zip Code 50265-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associations Marketing Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774794**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bailey, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 North Central Ave 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) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774796**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Paulus, Raquel, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774799**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

**A. Douglas, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5721 Woodboro Dr  
 City Huntington Beach State CA Zip Code 92649-4949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774801**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Pantello, Julie, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Allentown Rd.  
 City Lima State OH Zip Code 45805-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774802**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1070 Reef Rd Apt 305  
 City Vero Beach State FL Zip Code 32963-4342  
 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 ▼ 595.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774805**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Tompkins, Daniel, R., JD, MBA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼ 595.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774806**

Amount of Each Receipt this Period 85.00

Memo Item

**B. Bly, Perry, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 N Sycamore Ave  
Ste 2

City Sioux Falls State SD Zip Code 57110-5737

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

Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 17 / 2022  
**Transaction ID : 16774810**

Amount of Each Receipt this Period 85.00

Memo Item

**C. McNeely, Stephen, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4215 Fieldbrook Pass

City Fort Wayne State IN Zip Code 46815-5576

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

Name of Employer (for Individual) Interity Financial Services Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774842**

Amount of Each Receipt this Period 30.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Mailing Address 1000 Beckstrom Drive

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Oviedo | State<br>FL | Zip Code<br>32765-5913 |
|----------------|-------------|------------------------|

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

|   |                             |
|---|-----------------------------|
| Name of Employer (for Individual)<br>BKS Partners | Occupation (for Individual) |
|---|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2022        |

**Transaction ID : 16774847**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Anderson, Michael, , REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3800 American Blvd W  
1500

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Minneapolis | State<br>MN | Zip Code<br>55431-4420 |
|---------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Anderson Benefit Partners | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2022        |

**Transaction ID : 16774848**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 8427 Beckford Ave.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Northridge | State<br>CA | Zip Code<br>91324-4208 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Colleen King Insurance Agency, Inc. | Occupation (for Individual)<br>Founder/Owner |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2022        |

**Transaction ID : 16774849**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 114.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Walker, Mychal, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3455 Peachtree Industrial Blvd  
 Ste 305  
 City Duluth State GA Zip Code 30096-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Walker Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774850**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Singleton, Terry, , REBC,CFP,C,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 195579  
 City Winter Springs State FL Zip Code 32719-5579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1770.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774853**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Wren, M. Hughes, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) eBen Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774854**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 49 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Reynolds, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5776 Lindero Cyn Rd  
 D342  
 City Westlake Village State CA Zip Code 91362-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2022  
**Transaction ID : 16774856**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Wolfe, Rosanne, , RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2022  
**Transaction ID : 16774858**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Eckard, Brenda, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 North 25th Street  
 City Fort Dodge State IA Zip Code 50501-4338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2022  
**Transaction ID : 16774859**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. McDermott, H., Luke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Company & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774860**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 S Carancahua St Ste 301  
 City Corpus Christi State TX Zip Code 78401-3042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 743.00

Date of Receipt 07 / 18 / 2022  
**Transaction ID : 16774863**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Bosnakis, Gina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 19 / 2022  
**Transaction ID : 16775578**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Mailing Address 110 N. Corcoran St. #1205

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Durham | State<br>NC | Zip Code<br>27701-5020 |
|----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>eBen Benefits | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1390.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 19    |   | 2022        |

**Transaction ID : 16775580**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. Riggs, Donald, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 14788

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irvine | State<br>CA | Zip Code<br>92623-4788 |
|----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 19    |   | 2022        |

**Transaction ID : 16813932**

Amount of Each Receipt this Period  
85.00

Memo Item

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

Mailing Address 9810 Fairbury Ln

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Lincoln | State<br>NE | Zip Code<br>68516-9530 |
|-----------------|-------------|------------------------|

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

|   |                             |
|---|-----------------------------|
| Name of Employer (for Individual)<br>Ameritas | Occupation (for Individual) |
|---|-----------------------------|

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 |
| 07    |   | 20    |   | 2022        |

**Transaction ID : 16813950**

Amount of Each Receipt this Period  
150.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 405.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 52 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Bartholomew, Rhonda, , CHRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5099

|                    |          |                        |
|--------------------|----------|------------------------|
| City<br>Twin Falls | State ID | Zip Code<br>83303-5099 |
|--------------------|----------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>HUB International | Occupation (for Individual)<br>Group Division Manager |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2022  
**Transaction ID : 16813951**

Amount of Each Receipt this Period  
 42.00

Memo Item

**B. Samuels, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8430 W Lake Mead #100

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Las Vegas | State<br>NV | Zip Code<br>89128-7674 |
|-------------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer (for Individual)<br>Insurance Concepts of Nevada | Occupation (for Individual)<br>Agent |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2022  
**Transaction ID : 16813952**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. Cross, Danny, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22421 Barton Rd 372

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Grand Terrace | State<br>CA | Zip Code<br>92313-5008 |
|-----------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>D Cross Insurance Marketing Services | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2022  
**Transaction ID : 16813953**

Amount of Each Receipt this Period  
 42.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 184.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Skinner, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 20 / 2022  
**Transaction ID : 16813959**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hain, Erica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Pheasant Run Road  
 100 North Academy Avenue  
 City Newtown State PA Zip Code 18940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johnson Kendall Johnson Benefits Occupation (for Individual) Senior Director, Commercial Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814033**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Moore, Adrian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7936 Covey Chase Drive  
 City Charlotte State NC Zip Code 28210-7231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814038**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 54 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Kidder, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Newport Blvd  
 Ste 190  
 City Newport Beach State CA Zip Code 92663-3735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814046**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hall, Dwight, , CHC, LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6107 Hazelwood Ave.  
 City Indianapolis State IN Zip Code 46228-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814049**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Buechler, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13811 S 50TH ST  
 City Papillion State NE Zip Code 68133-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buechler Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814052**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Harris, Deborah, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1236 122nd Ave  
 City Hopkins State MI Zip Code 49328-9623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brooks Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 21 / 2022  
**Transaction ID : 16814053**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Kohlsdorf, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 720.00

Date of Receipt 07 / 22 / 2022  
**Transaction ID : 16814316**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Kite, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 629  
 City Roanoke State VA Zip Code 24004-0629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D&S Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1745.00

Date of Receipt 07 / 22 / 2022  
**Transaction ID : 16814319**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 182.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

**A. Norris, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 295 E Palmer Street  
 City Franklin State NC Zip Code 28734-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Wayah Employee Benefits / EbenConcepts Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2022  
**Transaction ID : 16814321**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**B. Wild, Trei, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Five Cowboys Way Suite 300  
 City Frisco State TX Zip Code 75034-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Warner Pacific Insurance Svcs Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2022  
**Transaction ID : 16814322**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Boaz, Daniel, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Occupation (for Individual)  
 HealthLife Group, LLC Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2022  
**Transaction ID : 16814325**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 205.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Webb, Amy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 E. Main Street  
 Suite 200  
 City Moorestown State NJ Zip Code 08057-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saratoga Benefit Services, LLC. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2022  
**Transaction ID : 16814327**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Baer, Faren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave., NW  
 Suite 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) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2022  
**Transaction ID : 16814328**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lynn (formerly Pool), Gentry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3803 Village Glen Tr.  
 City Arlington State TX Zip Code 76016-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 22 / 2022  
**Transaction ID : 16814332**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Stewart, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18130 N 64th Dr W  
 City Glendale State AZ Zip Code 85308-1068  
 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 ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2022  
**Transaction ID : 16814384**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Jones, Donald, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 N. Lantana Street Suite 295  
 City Camarillo State CA Zip Code 93010-9009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DMJ Insurance Services, Inc Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2022  
**Transaction ID : 16814397**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Taylor, June, Kaye, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8046 Genesta Ave  
 City Van Nuys State CA Zip Code 91406-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Broker  
 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  
 07 / 23 / 2022  
**Transaction ID : 16814437**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 59 OF 157               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Coker, Kenneth, Wayne, REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 W I St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Benicia | State<br>CA | Zip Code<br>94510-3026 |
|-----------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CokerWayne & Associates | Occupation (for Individual)<br>Broker Sales |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 23    |   | 2022        |

**Transaction ID : 16814439**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Siino, Thomas, , RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1126 Clifton Avenue

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Clifton | State<br>NJ | Zip Code<br>07013-3622 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Executive Benefits Group, LLC | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 23    |   | 2022        |

**Transaction ID : 16814440**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 6726 Stuyvesant Ct.

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Corpus Christi | State<br>TX | Zip Code<br>78414-4269 |
|------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>UnitedHealthcare Employer & Individual | Occupation (for Individual)<br>Account Executive |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 23    |   | 2022        |

**Transaction ID : 16814441**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Braner, Jodie, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway  
 Suite 2750  
 City Sandy Springs 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814443**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16622 Calahan Street  
 City North Hills State CA Zip Code 91343-3602  
 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 ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814445**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Stewart, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18130 N 64th Dr W  
 City Glendale State AZ Zip Code 85308-1068  
 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 ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814446**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Griffey, Patricia, A., CSA, RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Medicare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 07 / 23 / 2022  
**Transaction ID : 16814448**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. McClaskey, Barbara, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 23 / 2022  
**Transaction ID : 16814449**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Gadinis, Kathy, M., CLTC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 23 / 2022  
**Transaction ID : 16814451**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 192.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Reeves, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814452**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Fitzgerald, Robert, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 Fowler St  
 City Woodstock State GA Zip Code 30188-5023  
 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 ▼ 1265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814454**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Goodman, Robert, Hiram, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 7th Avenue South  
 City Birmingham State AL Zip Code 35233-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2022  
**Transaction ID : 16814455**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 254.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Kramer, Sherrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 West McKinley Suite 350  
 City Mishawaka State IN Zip Code 46545-5699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 594.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814542**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Woodward, Thomas, Nathan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 West Bankhead Hwy  
 City Villa Rica State GA Zip Code 30180-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westwood Agency Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814543**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Mackin, Martin, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5133 Harding Pike Ste. B10 - 284  
 City Nashville State TN Zip Code 37205-2891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814544**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Clark, Jonathan, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5525 S 900 E  
 Ste 325  
 City Salt Lake City State UT Zip Code 84117-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2022  
**Transaction ID : 16814545**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Lubenow, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Alden Street  
 Suite 8  
 City Cranford State NJ Zip Code 07016-2149  
 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 ▼ 454.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2022  
**Transaction ID : 16814550**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Pittman, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2022  
**Transaction ID : 16814554**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Fugitt-Hetrick, Pamela, Leigh, LUTCF, PPC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1123 Soquel Avenue

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Santa Cruz | State<br>CA | Zip Code<br>95062-2105 |
|--------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>DCD Financial & Insurance Services | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2022        |

**Transaction ID : 16814556**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Roberts, Danielle, Kunkle, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 Meacham Blvd Ste 500

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Worth | State<br>TX | Zip Code<br>76137-4224 |
|--------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Boomer Benefits | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2022        |

**Transaction ID : 16814557**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Tellesbo-Kembel, Marsha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Lake Bellevue, Suite 100

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bellevue | State<br>WA | Zip Code<br>98005-2480 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Tellesbo & Company | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1190.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 24    |   | 2022        |

**Transaction ID : 16814558**

Amount of Each Receipt this Period  
170.00

Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Barrera, Rolando, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 N Upper Broadway St  
 Suite 102  
 City Corpus Christi State TX Zip Code 78401-1909  
 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 ▼ 745.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814559**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. McConnaughey, John, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814563**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Lawson, Tonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1075.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814564**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Wilkinson, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 N 44th St  
 Ste 500  
 City Phoenix State AZ Zip Code 85008-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TDA An EMI Health Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 24 / 2022  
**Transaction ID : 16814565**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Address, Carolyn, Marie, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1959 Highway 34 2nd Floor  
 City Wall Township State NJ Zip Code 07719-9760  
 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 ▼ 210.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814621**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Davis, Paul, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17347 Napa St  
 City Sherwood Forest State CA Zip Code 91325-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paul Davis Insurance Services Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814624**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 68 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Broadbent, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 West Cache Valley Blvd, Suite  
 City Logan State UT Zip Code 84341-8450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broadbent Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814625**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McComb, Margaret, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21862 Seacrest Lane  
 City Huntington Beach State CA Zip Code 92646-8226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814628**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hogeland, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N Central Ave Ninth 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) Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1595.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814632**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Tuthill, Glendae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Resource Seven Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814636**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Sullivan, Audra, I., SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6315 Merritt Way Court  
 City Arlington State TX Zip Code 76018-3132  
 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 ▼ 252.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814637**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Todd, Helen, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10800 Financial Centre Pkwy Ste 300  
 City Little Rock State AR Zip Code 72211-3588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814638**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.00  
**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 70 OF 157<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                        |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                         |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 12                         |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16                         |
| <input type="checkbox"/>  | <input type="checkbox"/> 17                         |

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

**A. Wright, Dennis, E., RHU, CSFP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Chestnut Hills Pky

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Fort Wayne | State<br>IN | Zip Code<br>46814-8934 |
|--------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Employee Plans, LLC | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 25    | / | 2022        |

**Transaction ID : 16814639**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Thal, Harry, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2137

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>KERNVILLE | State<br>CA | Zip Code<br>93238-2137 |
|-------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Harry P. Thal Insurance Agency | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 25    | / | 2022        |

**Transaction ID : 16814640**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Currier, Craig, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5123 N. 112th

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68164-2157 |
|---------------|-------------|------------------------|

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

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 07    | / | 25    | / | 2022        |

**Transaction ID : 16814641**

Amount of Each Receipt this Period  
30.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Lucas, William, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814642**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Whaley, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814644**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Olson, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4221 N. 203rd St, Suite 200  
 City Elkhorn State NE Zip Code 68022-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 25 / 2022  
**Transaction ID : 16814646**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**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: (check only one) | PAGE 72 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Todd, Richard, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 Belle Meadow Lane

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Little Rock | State<br>AR | Zip Code<br>72210-3714 |
|---------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Sunstar Insurance of AR | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 25    |   | 2022        |

**Transaction ID : 16814648**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 7011 Lucea Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Little Rock | State<br>AR | Zip Code<br>72210-4146 |
|---------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Sunstar Insurance of AR | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 25    |   | 2022        |

**Transaction ID : 16814649**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Gwin, David, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 1396

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Irmo | State<br>SC | Zip Code<br>29063-1396 |
|--------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Southeastern Insurance Consultants | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 25    |   | 2022        |

**Transaction ID : 16814650**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Cociu, Dorothy, M., RHU, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Benefit Consulting & Insuranc Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2022  
**Transaction ID : 16815200**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Gutierrez, Antonio 'Tony', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12833 River Dance Dr.  
 City Raleigh State NC Zip Code 27613-7093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Benefitcare.com Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2022  
**Transaction ID : 16815201**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Ramirez, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 E Best Ave  
 City Coeur D Alene State ID Zip Code 83814-4868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Dirks Insurance Group, LLC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2022  
**Transaction ID : 16815202**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 74 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Grant, Staci, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 Glendale Ave  
 City Livingston State NJ Zip Code 07039-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry O. Baker Insurance Group Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 26 / 2022  
**Transaction ID : 16815204**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 07 / 26 / 2022  
**Transaction ID : 16815206**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 Woodman Ave Apt 303  
 City Sherman Oaks State CA Zip Code 91423-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 26 / 2022  
**Transaction ID : 16815209**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 75 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Rivera, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13201 N.W. Fwy. Suite 265  
 City Houston State TX Zip Code 77040-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest General Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 26 / 2022  
**Transaction ID : 16815213**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Tretter, Robert, C., CLU, ChFC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6222 Spring Lake Drive  
 City Hamilton State OH Zip Code 45011-8189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAHU Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 26 / 2022  
**Transaction ID : 16815214**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Rasch, Tim, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19445 Westling Dr  
 City Oregon City State OR Zip Code 97045-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 07 / 26 / 2022  
**Transaction ID : 16815770**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 627.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Hollister, Deborah, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 NW Federal Hwy  
 Suite 224  
 City Stuart State FL Zip Code 34994-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815840**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Jackson, Jerry, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 N. Maplewood Ave.  
 City Peoria State IL Zip Code 61606-1035  
 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 ▼ 294.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815842**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Embry, Michael, A., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49927 Schooner Ct  
 City Chesterfield State MI Zip Code 48047-4339  
 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 ▼ 1830.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815843**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 499.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 77 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Schwartz, Matt, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 Breckenridge Lane, Suite 8A  
 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 ▼ 595.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815845**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kalish, Alan, Max, CLU,RHU, R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Cottman Ave Ste 6  
 City Philadelphia State PA Zip Code 19149-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815847**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Tierney, Robert, J., HDHP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815854**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Dalrymple, Eric, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2445 Darwin Road, Ste 40  
 City Madison State WI Zip Code 53704-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vista Benefits Occupation (for Individual) Broker/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815856**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ruffin, Helena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 Timber Ln  
 City Charlotte State NC Zip Code 28270-5270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ruffin Insurance Solutions, Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815857**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Rice, Russell, Lee, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 Buckskin Dr  
 City Boerne State TX Zip Code 78006-5554  
 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 ▼ 810.00

Date of Receipt 07 / 27 / 2022  
**Transaction ID : 16815860**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 185.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Johnson, Suzanne, K., RHU, CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1024 SOUTHSTONE DR

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Charlotte | State<br>NC | Zip Code<br>28210-3029 |
|-------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Hilb Group Southeast | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 27    |   | 2022        |

**Transaction ID : 16815862**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Brown, Carey, H., CLU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Six Concourse Parkway Suite 2750

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30328-6243 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>The Benefit Company | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 27    |   | 2022        |

**Transaction ID : 16815864**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 161 S Madison Ave #12

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Pasadena | State<br>CA | Zip Code<br>91101-2544 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Citrust Insurance Agency | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 27    |   | 2022        |

**Transaction ID : 16815868**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 220.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 80 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Underhill, Elizabeth, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Insurance agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2022  
**Transaction ID : 16815870**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Reddy, Michael, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Ins. & Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2022  
**Transaction ID : 16815871**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Matznick, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 78175  
 City Greensboro State NC Zip Code 27427-8175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Triune Technologies, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2022  
**Transaction ID : 16815873**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 81 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Powelson, Janet, , ChHC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3697 MT. DIABLO BLVD., SUITE 100

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lafayette | State<br>CA | Zip Code<br>94549-3769 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Brown & Brown, Inc. | Occupation (for Individual)<br>Compliance Manager |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816367**

Amount of Each Receipt this Period  
24.00

Memo Item

**B. Ashby, Thomas, F., LPRT, LUTC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2270 College Ave  
Ste 524

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Forest City | State<br>NC | Zip Code<br>28043-2464 |
|---------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Senior Healthcare Solutions, Inc. | Occupation (for Individual)<br>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 |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816369**

Amount of Each Receipt this Period  
42.00

Memo Item

**C. Farrell, Jennifer, Liane, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3800 North Central Avenue  
9th Floor

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012-1979 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Black, Gould & Associates | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816370**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 151.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Goodacre, James, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 22423  
 City Carmel State CA Zip Code 93922-0423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) James W. Goodacre II Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816372**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gant, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 544.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816373**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Furr, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 Airmotive Way, Ste. 320  
 City Incline Village State NV Zip Code 89451  
 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 ▼ 240.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816374**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 83 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Stubbs, Guy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 270.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816375**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Cagliola, Victoria, , CPA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816376**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Snowden, Scott, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816377**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 84 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Lubenow, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 West Main Street  
 Suite 101  
 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 ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816379**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Ybarra, Valeria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Vanessa Dr  
 City Corpus Christi State TX Zip Code 78414-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816383**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Buechler, Anthony, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13811 S 50TH ST  
 City Papillion State NE Zip Code 68133-2908  
 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 ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816385**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 85 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Crosby, Neil, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 670.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816386**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Whang, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51150 Washington St.  
 City New Baltimore State MI Zip Code 48047-2159  
 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 ▼ 845.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816387**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Morrison, James, M., RHU,REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2710 Gateway Rd  
 City Carlsbad State CA Zip Code 92009-1730  
 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 ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816388**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 86 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Burns, Patrick, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5653 Maxwellton Road  
 City Piedmont 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 ▼ 1410.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816390**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Tower, Kimberly, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 E ParkCenter Blvd, Suite 100  
 City Boise State ID Zip Code 83706-6512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PacificSource Health Plans Occupation (for Individual) Sales Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816392**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Malvich, Marlayna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4125 Cass Elizabeth Rd  
 City Waterford State MI Zip Code 48328-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816393**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 230.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 87 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Coley, Maggie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Olde Gate Court  
 City Pooler State GA Zip Code 31322-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816394**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Hansbrough, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3130 S Harbor Blvd. Suite 140  
 City Santa Ana State CA Zip Code 92704-6863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The LBL Group Occupation (for Individual) Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816395**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lardiere, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Dyckman Place  
 City Basking Ridge State NJ Zip Code 07920-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816396**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Meyhoff, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1031 W 4th Ave., Ste 400  
 City Anchorage State AK Zip Code 99501-5905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marsh & McLennan Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816397**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Childers, Russell, B., CLU,ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 630.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816398**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Hill, Donna, D., FLMI,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816399**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 89 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Reents, Joni, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10701 Melody Drive  
 Suite 320  
 City Northglenn State CO Zip Code 80234-4122  
 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 ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816400**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Scott, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816402**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3843 Rock Hill Loop  
 City Apopka State FL Zip Code 32712-4792  
 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 ▼ 865.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816403**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Johnson, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 252 Apacheria Pass W  
 City Comfort State TX Zip Code 78013-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SJ Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816405**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Grava, A. Andra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 E. McDermott Drive  
 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 ▼ 1750.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816406**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2027 Scott Station Rd  
 City Jefferson City State MO Zip Code 65109-8425  
 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 ▼ 441.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816408**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 343.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 91 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Kowalczyk-Gonzalez, CarrieAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 S Federal Way #213  
 City Boise State ID Zip Code 83716-9277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816409**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Stancil, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Bellemeade Street Suite 201  
 City Greensboro State NC Zip Code 27401-3796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott Benefit Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816411**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Morier, Dennis, J., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Abbott St  
 City Detroit State MI Zip Code 48226-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Results Marketing, Inc. Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816412**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 182.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |     |                                   |                |
|---|-----|-----------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 92 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b            |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c            |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17             |

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

**A. Salamon, Stephen, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4252

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Timonium | State<br>MD | Zip Code<br>21094-4252 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>The Salamon Agency | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816415**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Wilson, Thomas, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Lamar

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Wichita Falls | State<br>TX | Zip Code<br>76301-6824 |
|-----------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Keystone/Boley Featherston Insurance A | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816416**

Amount of Each Receipt this Period  
170.00

Memo Item

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

Mailing Address 28638 Oak Point Drive

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>Farmington Hills | State<br>MI | Zip Code<br>48331-2706 |
|--------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Health Alliance Plan | Occupation (for Individual)<br>Director of Sales |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 28    |   | 2022        |

**Transaction ID : 16816417**

Amount of Each Receipt this Period  
85.00

Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Hartman, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Airport North Office Park  
 City Fort Wayne State IN Zip Code 46825-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816421**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Olson, Trenton, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 07 / 28 / 2022  
**Transaction ID : 16816424**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Blackford, Stephen, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11481 Old St. Augustine Rd., # 201  
 City Jacksonville State FL Zip Code 32258-1475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816426**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 94 OF 157  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Stocks, Deborah, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 LAKE LOREINE LN  
 City Henrico State VA Zip Code 23233-2523  
 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 ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816432**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Patton, Rhonda, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 751180  
 City Petaluma State CA Zip Code 94975-1180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816435**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Holcomb, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Davenport Tower Hotel 111 S Post St Suite 2260  
 City Spokane State WA Zip Code 99201-4912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viren and Associates, Inc. Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816438**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 95 OF 157  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Hoover, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15431 Washington St.  
 City Riverside State CA Zip Code 92506-5763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dickerson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816439**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Barrett, William, J., CLU, ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Keswick Commons  
 City New Albany State OH Zip Code 43054-8231  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816440**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Keehn, Joanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3104 Hubbard Rd  
 City Madison State OH Zip Code 44057-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthMarkets Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2022  
**Transaction ID : 16816441**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Rojas, Pedro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 E Iron Eagle Dr Ste 101  
 City Eagle State ID Zip Code 83616-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mountain Health CO-OP Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816442**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Healy, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3124 S. Parker Road Suite A2-143  
 City Aurora State CO Zip Code 80014-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trilogy Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816450**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Blasman, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5210 Lewis Road, Suite 14  
 City Agoura Hills State CA Zip Code 91301-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : 16816452**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 97 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Collins, Martha, T., RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 N. Mountain Avenue  
Suite 208

City Upland State CA Zip Code 91786-5055

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

Name of Employer (for Individual) Martin & Associates Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
07 / 28 / 2022  
**Transaction ID : 16816453**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 9220 Bass Lake Rd, Suite 225

City New Hope State MN Zip Code 55428-4052

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 ▼  
750.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : 16817159**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Glorioso, Anne, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4853 Galaxy Pkwy  
Ste K

City Cleveland State OH Zip Code 44128-5939

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

Name of Employer (for Individual) Solidarity Health Network, Inc. Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 07 / 2022  
**Transaction ID : 16820495**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1380.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 98 OF 157               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Villagran, Denise, S., MBA,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 S Carancahua St  
Ste 301

City Corpus Christi State TX Zip Code 78401-3042

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

Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433061229153**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 5550 Wild Rose Lane  
Suite 400

City West Des Moines State IA Zip Code 50266-5351

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 ▼ 700.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433076129153**

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**C. Rubio, Hilario, Francisco, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 Grand Ave

City Las Vegas State NM Zip Code 87701-4518

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

Name of Employer (for Individual) Rubio Financial, LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433085729153**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 184.00

**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 99 OF 157  
(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**

**A. Adams, Carla, , CBC, GBA,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 Bridget Dr  
 City Marble Falls State TX Zip Code 78654-4127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Isolved Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433095029153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Deacon, Joseph, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 1/2 Hale St  
 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 & Benefits C Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433129329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Sweaney, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13231 Champion Forest Dr., Ste 305  
 City Houston State TX Zip Code 77069-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Business Health Strategies, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433151829153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 114.00  
**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 100 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. McFerrin, Dwane, C., CLU, CFP,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433168129153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Christensen, H Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433187729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Dorman, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433197429153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 101 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Long, Scott, W., CLCS, SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1715 Greenway Village Dr.

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Katy | State<br>TX | Zip Code<br>77494-2175 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Globe Life Benefits | Occupation (for Individual)<br>Sales Manager |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR433206829153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 208 N. Mill

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Pryor | State<br>OK | Zip Code<br>74361-2422 |
|---------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Brown & Brown, Inc. | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR433214329153**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 5520 Monroe Street  
Suite A

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Sylvania | State<br>OH | Zip Code<br>43560-2538 |
|------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>First Insurance Group | Occupation (for Individual)<br>Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR433268329153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 102 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Shooshanian, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39500 High Pointe Blvd  
 Ste 400  
 City Novi State MI Zip Code 48375-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433298729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433302729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Thams, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 Broadway  
 City Denison State IA Zip Code 51442-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thams Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433308329153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 103 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433347129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Ornellas, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 W. Court St.  
 City Woodland State CA Zip Code 95695-3080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433463229153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Willison, Clover, Denise, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Clover Willison Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433468629153**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 172.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 104 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Coogan, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 North Bedford Road  
 Suite 100  
 City Mount Kisco State NY Zip Code 10549-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR433548029153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Golden, Johnna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR433692829153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Butler, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR433694529153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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



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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 105 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Schneider, JoEllen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1818 W. State Street  
 City Boise State ID Zip Code 83702-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JS & BK Insurance Occupation (for Individual) Benefit Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR433791829153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Skinner, Roger, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Aflac Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.50

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436789429153**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Monthly)

**C. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 E Street NW, Ste 400  
 City Washington State DC Zip Code 20004-2032  
 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 ▼ 1190.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436821429153**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 242.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 106 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Ashmore, Elizabeth, , CBC, SGS,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 82nd St, Bldg #6  
 City Lubbock State TX Zip Code 79424-0803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436830329153**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Monthly)

**B. Grundman, Robert, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 350.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436838929153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**c. Wright, Keith, L., ChHC,CLU,R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436848529153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 262.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 107 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Bean, Darrald, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436853329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Trebing, C. Louanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 410.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436856929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Freeman, Michael, J., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436861829153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 108 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Wilson, Paula, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 595.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436873529153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Trahin, Cindy, K., RHU, CSA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 410.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436875629153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**C. Stuart, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 350.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR436883329153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 185.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 109 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Spragins, Jackie, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436895329153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Janway, Leah-Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436901529153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Booth, Tonya, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 2542 432 Halifax Drive  
 City Coppell State TX Zip Code 75019-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1720.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436911029153**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 110 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Shaffer, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436917229153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Kaczmarek, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 N. Chestnut St., Ste. 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 ▼ 217.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436923429153**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Monthly)

**C. Stenger, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8926 Crown Colony Boulevard  
 City Fort Myers State FL Zip Code 33908-5627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AgencySmart Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436939929153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 146.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 111 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Seifert, Greg, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 NE 115th St.  
 City Vancouver State WA Zip Code 98686-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436941629153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Woods, John, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Market Street Suite 110  
 City Warren State OH Zip Code 44483-6625  
 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 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436950029153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Holland, Robert, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 441.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR436961729153**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 178.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 112 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schneider, John, E, ,**

Mailing Address 4701 Trousdale Dr. Ste 202

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Nashville | State<br>TN | Zip Code<br>37220-1386 |
|-------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Colonial Life | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 31    | / | 2022        |

**Transaction ID : PR436963529153**

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., RHU, LTCP,**

Mailing Address 38 Hope St Unit 1312

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Niantic | State<br>CT | Zip Code<br>06357-2454 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Parker Agency | Occupation (for Individual)<br>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 |
| 07    | / | 31    | / | 2022        |

**Transaction ID : PR436986829153**

Amount of Each Receipt this Period  
125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Splawn, William, Craig, ,**

Mailing Address 800 Avenue C

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Katy | State<br>TX | Zip Code<br>77493-2302 |
|--------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Splawn & Associates | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 31    | / | 2022        |

**Transaction ID : PR436992829153**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 205.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 113 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Fristoe, Kelly, Don, LUTCF, SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 4789

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Wichita Falls | State<br>TX | Zip Code<br>76308-0789 |
|-----------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Financial Partners | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1030.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437002329153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. Thorn, Ryan, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10342 South Springcrest Lane

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>South Jordan | State<br>UT | Zip Code<br>84095-4538 |
|----------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Ryan P. Thorn Insurance Planning, Inc. | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437004029153**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$40.00 Monthly)

**C. Buie, Scott, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 S 2300 E  
Ste 201

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Salt Lake City | State<br>UT | Zip Code<br>84117-4639 |
|------------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Buie Insurance Services | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437010529153**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 114 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Gray, Michael, D., RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 R St.  
Ste. 150

City Lincoln State NE Zip Code 68508-1540

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

Name of Employer (for Individual) FNIC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 31 / 2022**

**Transaction ID : PR437016729153**

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

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

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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**

**Transaction ID : PR437017129153**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. Kaczmarek, T. Darlene, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼ 217.00

Date of Receipt **07 / 31 / 2022**

**Transaction ID : PR437026329153**

Amount of Each Receipt this Period 31.00

Memo Item

P/R Deduction (\$31.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 161.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 115 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Blizman, Donna, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437031529153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Moore, Wesley, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437039429153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Hayes, Leesa, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437043329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 116 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Ameling, Mary, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Wood Lily Circle  
 City Leland State NC Zip Code 28451-7686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437057729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Olson, Terri, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 455.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437070229153**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Monthly)

**C. Alberts, Suzetta, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5605 Storrow Ct  
 City Warren State MI Zip Code 48092-6338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 663.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437076129153**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 179.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 117 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Smith, Kevin, W., CLU, RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 674103

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Marietta | State<br>GA | Zip Code<br>30006-0069 |
|------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>KSA Insurance Agency, LLC | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437077229153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B. Koehler, Linda Rose, , LPRT CIP C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Treeble Ct

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Greensboro | State<br>NC | Zip Code<br>27406-5375 |
|--------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>BCI Health Benefits Solutions LLC | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437090129153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. Stephens, James, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3350 Riverwood Parkway  
Suite 1900

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Atlanta | State<br>GA | Zip Code<br>30339-2066 |
|-----------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>BenefitMall | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437110729153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 118 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. MCEVILLY, BRIAN, J., RHU,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7260 West Azure Drive  
#140-201

City Las Vegas State NV Zip Code 89130-7999

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

Name of Employer (for Individual) McEville Benefits Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437117729153**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**B. Benton, Bruce, D., RHU, REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20300 Ventura Blvd  
Suite 200

City Woodland Hills State CA Zip Code 91364-0959

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

Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437123029153**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 2929 Allen Parkway  
Suite 2500

City Houston State TX Zip Code 77019-2178

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

Name of Employer (for Individual) Marsh Wortham Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437128029153**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 119 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Aguilar, Terry, , CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 A Street, Suite 400

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Anchorage | State<br>AK | Zip Code<br>99503-4040 |
|-------------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Wilson Albers | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437182329153**

Amount of Each Receipt this Period  
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

**B. Debler, Johnnie, O., RHU, ChHC,,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1102 E. Laurel St.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rockport | State<br>TX | Zip Code<br>78382-2815 |
|------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>GSM Insurors | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437196429153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C. Bunkers, Scott, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 Magnolia Bay Ct

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Winter Park | State<br>FL | Zip Code<br>32789 |
|---------------------|-------------|-------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Fringe Benefit Plans, Inc. | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437196729153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 310.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 120 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Nace, Joshua, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Madison Avenue  
 Suite 270  
 City Toledo State OH Zip Code 43604-1568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paramount Health & Dental Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437203329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Garbina, James, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437212229153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Daubert, Jim, F., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 67220  
 City Lincoln State NE Zip Code 68506-7220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437219629153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 121 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Musser, Rita, A.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437229129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Gardner, Joy, K., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437231229153**  
 Amount of Each Receipt this Period 47.00  
 Memo Item  
 P/R Deduction (\$47.00 Monthly)

**C. Rowe, Peter, L., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437236929153**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$250.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 327.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 122 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Barton-Lewis, Diane, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 E Britton Rd  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437254129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Merken, Monte, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24577 Indian Hill Lane  
 City West Hills State CA Zip Code 91307-3829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merken Insurance, Petersen Internation Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437256129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. McLane, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437258329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 123 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Powers-Booth, Sandra, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437264329153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**B. Hardy, Allen, D., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437264929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Harte, Heather, Roberts, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Ascensus Health & Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : PR437268329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 124 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Toups, Jennifer, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address #1 Galleria Blvd, Suite 1122  
 City Metairie State LA Zip Code 70001-2092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437270529153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Hissong, James, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437274729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Summers, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road, 5th Floor  
 City Omaha State NE Zip Code 68114-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437281029153**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 125 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Grossnickle, Jeffrey, R., ,

Mailing Address 1405 North College Avenue

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Bloomington | State<br>IN | Zip Code<br>47404-2417 |
|---------------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer (for Individual)<br>First Insurance Group Inc. | Occupation (for Individual)<br>Agent |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437294729153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sullivan, T.J., , ,

Mailing Address 235 Front St SE  
Suite 100

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Salem | State<br>OR | Zip Code<br>97301-3303 |
|---------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Huggins Insurance Services, Inc. | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437310529153**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Bell, Marie, D., FLMI,AIAA,

Mailing Address PO Box 1853

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Minnetonka | State<br>MN | Zip Code<br>55345-0853 |
|--------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>DeRuyter-Bell, LLC | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437323329153**

Amount of Each Receipt this Period  
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 126 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Mihalyi-Stiffler, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 N. Riverview Dr  
Suite 100

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 Receipt For:  
 Primary  General  
 Other (specify) ▼

Occupation (for Individual) Broker

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437326129153**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

**B. Bajkowski, Catherine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437361129153**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**C. Thomas, Jeffery, C., CLU,RHU,RE,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3072 Arborwood Blvd.

City Spring Arbor State MI Zip Code 49283-9663

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 ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437385429153**

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 169.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 127 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Jensen, Cerrina, , CHRS, CBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12846 Knightsbrook Ave  
 City Rancho Cordova State CA Zip Code 95742-6625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SolV Independent Insurance Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437391229153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

**B. Bogard, Andrea, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4598 Harrier Court  
 City Jeffersonville State IN Zip Code 47130-4486  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437400029153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Cramer, Valerie, Lynn, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Burgen Ct. NE  
 City Grand Rapids State MI Zip Code 49525-3979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthBridge Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437416429153**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 128 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Gandy, Hollie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 W Interstate 40  
 Ste 101  
 City Amarillo State TX Zip Code 79106-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Safe Money Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437425029153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Clark, Robert, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437427229153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**C. Mutter, Amy, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 441.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437454929153**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 129 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Creasy, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437474929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Fiala, Colby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St Ste 100  
 City Twin Falls State ID Zip Code 83301-4641  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437475129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Sterner, Heidi, J., PAHM, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3402 Cinnamon Creek Ave  
 City North Las Vegas State NV Zip Code 89031-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437516829153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

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

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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 130 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Stedt, Margaret, Evelyn, C.S.A., LP,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Calle Amigo

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>San Clemente | State<br>CA | Zip Code<br>92673-3003 |
|----------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Stedt Insurance Services | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437529929153**

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

**B. Giardina, Charles, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 Mounes Street, Suite 112

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>New Orleans | State<br>LA | Zip Code<br>70123-3296 |
|---------------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>MassMutual | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
804.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437562829153**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

**C. Mobley, Dennis, F., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Executive Drive  
Suite D

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Madison | State<br>MS | Zip Code<br>39110-8456 |
|-----------------|-------------|------------------------|

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

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>SouthGroup Benefits Consultants, LLC | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 31    |   | 2022        |

**Transaction ID : PR437587529153**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 192.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 131 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Robinson, Judith, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437594129153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Starks, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Highland Colony Parkway Suite 202  
 City Ridgeland State MS Zip Code 39157-2086  
 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 ▼ 1495.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437603129153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Williams, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4109 Woodway Dr.  
 City Monroe State LA Zip Code 71201-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Planning Resources Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437605729153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 132 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Rasch, Tim, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19445 Westling Dr  
 City Oregon City State OR Zip Code 97045-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consilium Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437606229153**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Monthly)

**B. Siciliano, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Cascade Road SE Suite 106  
 City Grand Rapids State MI Zip Code 49546-2166  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437669529153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Ledgerwood, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 294.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437671929153**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 84.00  
**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 133 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Strouse, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437683129153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Atkinson, Lynn, , HIA,MBA,SC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2336 Cantle Lane  
 City Roanoke State VA Zip Code 24018-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437687329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Granado, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437693229153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 134 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Melgoza, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9114 Adams Avenue  
 Ste 191  
 City Huntington Beach State CA Zip Code 92646-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437701129153**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Webb, Yolanda, Marie, CHRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 745.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437705629153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Berry, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437737429153**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 195.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |     |                                   |                 |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) | PAGE 135 OF 157 |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b             |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 11c             |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 12              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 16              |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 17              |

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

**A. Williams, Leslie, A., CHR**,  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
294.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR437742929153**

Amount of Each Receipt this Period  
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 40 S. Roop St  
PO Box 1478

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 ▼  
350.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR437755529153**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

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

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 ▼  
441.00

Date of Receipt  
07 / 31 / 2022  
**Transaction ID : PR437775829153**

Amount of Each Receipt this Period  
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 155.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 136 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 N Main St  
 Suite 105  
 City Royal Oak State MI Zip Code 48067-1815  
 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 ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437778629153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Heider, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St, Suite 100  
 City Twin Falls State ID Zip Code 83301-4641  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437792229153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Cartier, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11920 White River Dr  
 City San Antonio State TX Zip Code 78254-6369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437803629153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 137 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Purcilly, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3155 W Big Beaver Rd  
 Ste 125  
 City Troy State MI Zip Code 48084-3007  
 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 ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437814929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Daricek, Natalie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8220 N 23rd Ave. Bldg2  
 City Phoenix State AZ Zip Code 85021-4872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437834929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Little, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1145 2nd Street  
 #A-269  
 City Brentwood State CA Zip Code 94513-2292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR43785629153**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Monthly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 98.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 138 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. James, Leslie, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6902 Pearl Road  
 Suite 405  
 City Cleveland State OH Zip Code 44130-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Strategy Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437860029153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Emidy, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 2021  
 City Ridgeland State MS Zip Code 39158-2021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR437878329153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Atencio, Linda, K., LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 10404  
 City Albuquerque State NM Zip Code 87184-0404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Linda Atencio Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR439256929153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 139 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Lubenow, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Alden Street  
 Suite 8  
 City Cranford State NJ Zip Code 07016-2149  
 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 ▼ 509.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR470069129153**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
 P/R Deduction (\$55.00 Monthly)

**B. Waltman, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1829 Reistertown Road  
 Suite 100  
 City Pikesville State MD Zip Code 21208-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR470100129153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Riley, Amanda, Danielle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24830 SE 278th St  
 City Maple Valley State WA Zip Code 98038-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR476686829153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**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 140 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Stevens, Kenneth, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 Bellemeade Ave  
 City Evansville State IN Zip Code 47715-4130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR496323829153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**B. Bravo, Denisse, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 N Thornydale Road Suite 110-335  
 City Tucson State AZ Zip Code 85741-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR497996229153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**C. Wayt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 747 Winslow Ave  
 City Saint Paul State MN Zip Code 55107-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR528187229153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 141 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Ybarra, Valeria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Vanessa Dr  
 City Corpus Christi State TX Zip Code 78414-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR528424129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Kennedy, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. Battlefield  
 City Springfield State MO Zip Code 65807-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR573884929153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Haberman, Caleb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9301 Bryant Ave S Ste 105  
 City Bloomington State MN Zip Code 55420-3473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR623646629153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 142 OF 157   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Parker, Frederick, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12303 Hwy 707  
 Suite B  
 City Murrells Inlet State SC Zip Code 29576-9740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR742659129153**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Monthly)

**B. Nichols, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 S Berry  
 Suite 100  
 City Norman State OK Zip Code 73072-7480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR840269929153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

**C. Mulcare, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 S 6th St  
 City Klamath Falls State OR Zip Code 97601-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simmons Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 07 / 31 / 2022  
**Transaction ID : PR860243829153**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Monthly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 143 OF 157              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Morgan, Christian, D., ,

Mailing Address 2200 W Commercial Blvd  
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1190.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2022

**Transaction ID : PR891081429153**

Amount of Each Receipt this Period  
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 170.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 28527.17 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2022

FEC Identification Number  
  
**Transaction ID : 16823846**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
 Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Comer For Congress**

Full Name (Last, First, Middle Initial)  
Comer For Congress

Mailing Address PO Box 338

City Tompkinsville State KY Zip Code 42167

Purpose of Disbursement  011 Category/Type

Candidate Name **Comer, James, , Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: KY District: 01

Date of Disbursement: 07 / 12 / 2022

FEC Identification Number: **C00588764**  
Transaction ID : **16770682**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Jim Banks For Congress, Inc.**

Full Name (Last, First, Middle Initial)  
Jim Banks For Congress, Inc.

Mailing Address P.O. Box 11431

City Fort Wayne State IN Zip Code 46858

Purpose of Disbursement  011 Category/Type

Candidate Name **Banks, James, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IN District: 03

Date of Disbursement: 07 / 12 / 2022

FEC Identification Number: **C00577999**  
Transaction ID : **16770689**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Mike Crapo For Us Senate**

Full Name (Last, First, Middle Initial)  
Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  011 Category/Type

Candidate Name **Crapo, Mike, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: ID District:

Date of Disbursement: 07 / 12 / 2022

FEC Identification Number: **C00330886**  
Transaction ID : **16770703**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Walorski For Congress Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 New Jersey Ave., SE Suite 2406  
City Washington State DC Zip Code 20003  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Walorski, Jackie, , Rep.,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: IN District: 02

Date of Disbursement: 07 / 12 / 2022  
FEC Identification Number: **C00468579**  
**Transaction ID : 16770704**  
Amount of Each Disbursement this Period: 2500.00  
 Memo Item

**B. Angie Craig For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 22116  
City Eagan State MN Zip Code 55122  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Craig, Angela, , ,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: MN District: 02

Date of Disbursement: 07 / 12 / 2022  
FEC Identification Number: **C00575209**  
**Transaction ID : 16770707**  
Amount of Each Disbursement this Period: 2000.00  
 Memo Item

**C. Elizabeth Pannill Fletcher For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 3262 Westheimer Rd #636  
City Houston State TX Zip Code 77098  
Purpose of Disbursement  011 Category/Type  
Candidate Name **Fletcher, Elizabeth, , ,**  
Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼  
State: TX District: 07

Date of Disbursement: 07 / 12 / 2022  
FEC Identification Number: **C00640045**  
**Transaction ID : 16770710**  
Amount of Each Disbursement this Period: 2000.00  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens For John Rutherford**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

Mailing Address 3030 Hartley Rd  
Ste 120

City Jacksonville State FL Zip Code 32257

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00615294 |
|---|-----------|

**Transaction ID : 16770712**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Candidate Name

**Rutherford, John, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

**B. Texans For Senator John Cornyn Inc**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00369033 |
|---|-----------|

**Transaction ID : 16770713**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Candidate Name

**Cornyn, John, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

State: TX District:

Full Name (Last, First, Middle Initial)

**C. Tim Scott For Senate**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00540302 |
|---|-----------|

**Transaction ID : 16770714**

Amount of Each Disbursement this Period

|         |
|---------|
| 3500.00 |
|---------|

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: SC District:

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

|         |
|---------|
| 7000.00 |
|---------|

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

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

### A. Kevin Mccarthy For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 12667

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

City Bakersfield State CA Zip Code 93389

FEC Identification Number

Purpose of Disbursement

|               |
|---------------|
| 011           |
| Category/Type |

C C00420935

Transaction ID : 16770715

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 23

### B. Ted Budd for Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 97127

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

City RALEIGH State NC Zip Code 27624

FEC Identification Number

Purpose of Disbursement

|               |
|---------------|
| 011           |
| Category/Type |

C C00614776

Transaction ID : 16770728

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

Candidate Name

Budd, Ted, , ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NC District:

### C. Darren Soto For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 421349

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 12    |   | 2022      |

City Kissimmee State FL Zip Code 34742

FEC Identification Number

Purpose of Disbursement

|               |
|---------------|
| 011           |
| Category/Type |

C C00581074

Transaction ID : 16770729

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Memo Item

Candidate Name

Soto, Darren, , ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: FL District: 09

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

|         |
|---------|
| 5000.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Montana Red**

Mailing Address 410 First St SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16774674**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. McConnell for Majority Leader**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16774675**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alex Mooney For Congress**

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Mooney, Alex, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: WV District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16774676**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Elise For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  011 Category/Type

Candidate Name **Stefanik, Elise, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NY District: 21

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00547893**  
Transaction ID : **16774677**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Ron Estes For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 782952

City Wichita State KS Zip Code 67278

Purpose of Disbursement  011 Category/Type

Candidate Name **Estes, Ron, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: KS District: 04

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00632067**  
Transaction ID : **16774678**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Terri Sewell For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  011 Category/Type

Candidate Name **Sewell, Terri, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: AL District: 07

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00458976**  
Transaction ID : **16774681**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Norma Torres For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022                   |
| Mailing Address 728 W Edna Place   |  | FEC Identification Number<br>C00557652<br><b>Transaction ID : 16774682</b> |
| City<br>Covina   | State<br>CA  | Zip Code<br>91722  |
| Purpose of Disbursement  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00                         |
| Candidate Name<br><b>Torres, Norma, , Rep.,</b>  | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: CA District: 35   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ami Bera For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022                   |
| Mailing Address PO Box 582496  |  | FEC Identification Number<br>C00461061<br><b>Transaction ID : 16774683</b> |
| City<br>Elk Grove  | State<br>CA  | Zip Code<br>95758  |
| Purpose of Disbursement  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1500.00                         |
| Candidate Name<br><b>Bera, Ami, , Rep., MD</b>   | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: CA District: 07   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kuster For Congress, Inc</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022                   |
| Mailing Address PO Box 1498  |  | FEC Identification Number<br>C00462861<br><b>Transaction ID : 16774685</b> |
| City<br>Concord  | State<br>NH  | Zip Code<br>03302  |
| Purpose of Disbursement  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>3000.00                         |
| Candidate Name<br><b>Kuster, Ann, McLane, Rep.,</b>  | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: NH District: 02   |  |

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

5500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 660 Pennsylvania Ave, SE  
Suite 201

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 16774686**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

Category/  
Type

Candidate Name

**Himes, Jim, A., Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CT District: 04

Date of Disbursement

/  /

FEC Identification Number

C00434191  
**Transaction ID : 16774687**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Spanberger For Congress**

Mailing Address PO Box 3121

City Glen Allen State VA Zip Code 23058

Purpose of Disbursement

Category/  
Type

Candidate Name

**Spanberger, Abigail, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: VA District: 07

Date of Disbursement

/  /

FEC Identification Number

C00649913  
**Transaction ID : 16774689**  
Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Lauren Underwood For Congress**

Full Name (Last, First, Middle Initial)  
Lauren Underwood

Mailing Address 13400 S ROUTE 59  
STE 116 BOX 248

City PLAINFIELD State IL Zip Code 60585

Purpose of Disbursement  011 Category/Type

Candidate Name **Underwood, Lauren, , Rep.,**

Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00652719**  
Transaction ID : **16774690**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Horsford For Congress**

Full Name (Last, First, Middle Initial)  
Steven A. Horsford

Mailing Address PO BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  011 Category/Type

Candidate Name **Horsford, Steven, A., Rep.,**

Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: NV District: 04

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00504613**  
Transaction ID : **16774691**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Veronica Escobar For Congress**

Full Name (Last, First, Middle Initial)  
Veronica Escobar

Mailing Address PO Box 3961

City El Paso State TX Zip Code 79923

Purpose of Disbursement  011 Category/Type

Candidate Name **Escobar, Veronica, , Rep.,**

Office Sought:  House  Senate  President Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: TX District: 16

Date of Disbursement: 07 / 15 / 2022

FEC Identification Number: **C00653923**  
Transaction ID : **16774692**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnson For Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022  |                                    |
| Mailing Address 5827 Colfax Avenue  |  | FEC Identification Number<br><b>C</b> C00476820<br><b>Transaction ID : 16774693</b><br>Amount of Each Disbursement this Period<br>1000.00 |                                    |
| City<br>Alexandria  | State<br>VA  | Zip Code<br>22311   | Category/<br>Type<br>011           |
| Purpose of Disbursement   |  | Candidate Name<br><b>Johnson, Bill, , Rep.,</b>   |                                    |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item <input type="checkbox"/> |
| State: OH District: 06  |  |   |                                    |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard E Neal For Congress Committee</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022  |                                    |
| Mailing Address 76 Magnolia Terrace   |  | FEC Identification Number<br><b>C</b> C00226522<br><b>Transaction ID : 16774694</b><br>Amount of Each Disbursement this Period<br>5000.00 |                                    |
| City<br>Springfield   | State<br>MA  | Zip Code<br>01108   | Category/<br>Type<br>011           |
| Purpose of Disbursement   |  | Candidate Name<br><b>Neal, Richard, E., Rep.,</b>   |                                    |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item <input type="checkbox"/> |
| State: MA District: 01  |  |   |                                    |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Committee To Re-Elect Linda Sanchez</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022  |                                    |
| Mailing Address 410 1st St Se<br>Suite 310  |  | FEC Identification Number<br><b>C</b> C00384057<br><b>Transaction ID : 16774699</b><br>Amount of Each Disbursement this Period<br>2000.00 |                                    |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003   | Category/<br>Type<br>011           |
| Purpose of Disbursement   |  | Candidate Name<br><b>Sanchez, Linda, T., Rep.,</b>  |                                    |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item <input type="checkbox"/> |
| State: CA District: 38  |  |   |                                    |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶      | 8000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | 8000.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Mike Braun For Indiana**

Full Name (Last, First, Middle Initial)  
Mike Braun For Indiana

Date of Disbursement: 07 / 15 / 2022

Mailing Address: 505 Main St

City: Jasper, State: IN, Zip Code: 47546

Purpose of Disbursement: 011

Candidate Name: Braun, Mike, , ,

Office Sought:  House,  Senate,  President

Disbursement For: 2024,  Primary,  General,  Other (specify) ▼

State: IN, District: \_\_\_\_\_

FEC Identification Number: C00653147  
Transaction ID: 16774700  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Pallone For Congress**

Full Name (Last, First, Middle Initial)  
Pallone For Congress

Date of Disbursement: 07 / 15 / 2022

Mailing Address: PO Box 3176

City: Long Branch, State: NJ, Zip Code: 07740

Purpose of Disbursement: 011

Candidate Name: Pallone, Frank, , Rep., Jr.

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: NJ, District: 06

FEC Identification Number: C00226928  
Transaction ID: 16774701  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Blumenauer For Congress**

Full Name (Last, First, Middle Initial)  
Blumenauer For Congress

Date of Disbursement: 07 / 15 / 2022

Mailing Address: 1631 NE BROADWAY #343

City: Portland, State: OR, Zip Code: 97232

Purpose of Disbursement: 011

Candidate Name: Blumenauer, Earl, , Rep.,

Office Sought:  House,  Senate,  President

Disbursement For: 2022,  Primary,  General,  Other (specify) ▼

State: OR, District: 03

FEC Identification Number: C00307314  
Transaction ID: 16774702  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Guthrie For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2022   |
| Mailing Address PO Box 9639   |  | FEC Identification Number<br>C00445023<br><b>Transaction ID : 16774703</b>   |
| City<br>Bowling Green   | State<br>KY  | Zip Code<br>42102  |
| Purpose of Disbursement   | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Guthrie, Brett, , Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: KY   | District: 02   | <input type="checkbox"/> Memo Item   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bilirakis For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 19 / 2022   |
| Mailing Address PO Box 606  |  | FEC Identification Number<br>C00408534<br><b>Transaction ID : 16775583</b>   |
| City<br>Tarpon Springs  | State<br>FL  | Zip Code<br>34688  |
| Purpose of Disbursement   | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Bilirakis, Gus, M., Rep.,</b>                          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: FL   | District: 12   | <input type="checkbox"/> Memo Item   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Vicky Hartzler For Congress</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 19 / 2022   |
| Mailing Address PO Box 531   |  | FEC Identification Number<br>C00464602<br><b>Transaction ID : 16775584</b>   |
| City<br>Harrisonville  | State<br>MO  | Zip Code<br>64701  |
| Purpose of Disbursement  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00   |
| Candidate Name<br><b>Hartzler, Vicky, , Rep.,</b>                                | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: MO  | District: 04   | <input type="checkbox"/> Memo Item   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alaskans For Dan Sullivan**

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sullivan, Daniel, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2022

FEC Identification Number

C C00570994

**Transaction ID : 16775585**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2022

FEC Identification Number

C C00390476

**Transaction ID : 16775586**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Mailing Address 1020 North Fairfax St  
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2022

FEC Identification Number

C C00442368

**Transaction ID : 16775721**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

73000.00