**FEC** 

FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office U	lse Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼ Exampl over the	e: If typing, type e lines.	12FE4M5	
Health Underwriters Politi	cal Action Committee			
ADDRESS (number and street)	212 New York Ave			
Check if different	Suite 1100 / / / / / / / / / / / / / / / / / / /		DC 2000	5 
2. FEC IDENTIFICATION NUME		S	STATE 🔺	ZIP CODE
C C00283135	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report (TER)</li> </ul>	PRE-Election Report for the: Cor Election on (d) 30-Day	May 20 (M5) Jun 20 (M6) Jul 20 (M7) hary (12P) hvention (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	In the State of Special (30S)
5. Covering Period	/ D D / Y Y Y Y	hrough 03	/ D D / Y Y 31 20	
Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous	Report and to the best of my knowled Murphy, Jennifer, , , <i>Iennifer, , , [Ele</i> s, or incomplete information may subject	ctronically Filed]	Date 04 05	D / Y Y Y Y 2021
Office Use Only				C FORM 3X Rev. 05/2016

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x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

# Health Underwriters Political Action Committee

R	eport Covering the Period: From:		b: 03 / D D / Y Y Y Y 31 2021
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		309635.57
	(b) Cash on Hand at Beginning of Reporting Period	424045.12	
	(c) Total Receipts (from Line 19)	46271.67	164492.01
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	470316.79	474127.58
7.	Total Disbursements (from Line 31)	183069.37	186880.16
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	287247.42	287247.42
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Health Underwriters Political Action Committee

	Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		1
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	19740.67	74299.34
Γ		
(ii) Unitemized	21531.00	83692.67
(iii) TOTAL (add	44074.07	157992.01
Lines 11(a)(i) and (ii)▶	41271.67	137332.01
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	4 4 4	47. 47. 47.
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		475 475 475
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	41271.67	157992.01
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
Ĩ		
3. All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4	472 472 472
to Federal Candidates and Other		
Political Committees	5000.00	6500.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds 느		
(a) Non-Federal Account		
(from Schedule H3)	0.00	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
<ul> <li>Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ul>	46271.67	164492.01
L.		
). Total Federal Receipts		

46271.67

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

164492.01

#### DETAILED SUMMARY PAGE

of Disbursements

FE	C Form 3X (Rev. 05/2016)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allo	ng Expenditures: – bcated Federal/Non-Federal ivity (from Schedule H4)		
(i)	Federal Share	0.00	0.0
(ii)	Non-Federal Share	0.00	0.00
	ner Federal Operating Denditures	973.37	4525.1
(c) Tot	al Operating Expenditures		
	d 21(a)(i), (a)(ii), and (b))	973.37	4525.1
	tees	0.00	0.00
Federal and Oth	Candidates/Committees ner Political Committees	182000.00	182000.00
(use Sc	dent Expenditures hedule E) ated Party Expenditures	0.00	0.00
(52 U.S	.C. § 30116(d)) hedule F)	0.00	0.00
Loan R	epayments Made	0.00	0.00
	Nade of Contributions To:	0.00	0.00
(a) Ind	ividuals/Persons Other an Political Committees	96.00	355.00
	itical Party Committees	0.00	0.00
(-)	ner Political Committees ch as PACs)	0.00	0.0
( )	al Contribution Refunds d Lines 28(a), (b), and (c))	96.00	355.00
	isbursements (Including deral Donations)	0.00	0.00
Federal (a) Allo	Election Activity (52 U.S.C. § 30101(20 ocated Federal Election Activity om Schedule H6)	47. 47. 45.	
(i)	Federal Share	0.00	0.00
. ,	"Levin" Share deral Election Activity Paid	0.00	0.00
Ent	tirely With Federal Funds	0.00	0.00
	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	183069.37	186880.10
Total Fe	ederal Disbursements		
	t Line 21(a)(ii) and Line 30(a)(ii) ne 31)	183069.37	186880.16

#### DETAILED SUMMARY PAGE

of Disbursements

C Form 3X (Rev. 05/2016)	of Disbursements	Page 5				
. Net Contributions/ erating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
ontributions (other than loans) ne 11(d), page 3)	41271.67	157992.01				
ontribution Refunds ne 28(d))	96.00	355.00				
ntributions (other than loans) t Line 34 from Line 33)	41175.67	157637.01				
deral Operating Expenditures the 21(a)(i) and Line 21(b))	973.37	4525.16				
to Operating Expenditures ne 15, page 3)	0.00	0.00				
erating Expenditures t Line 37 from Line 36)	973.37	4525.16				
	A Net Contributions/ erating Expenditures ontributions (other than loans) ne 11(d), page 3) ontribution Refunds ne 28(d)) tributions (other than loans) t Line 34 from Line 33) deral Operating Expenditures ne 21(a)(i) and Line 21(b)) to Operating Expenditures ne 15, page 3) erating Expenditures	C Form 3X (Rev. 05/2016)         Net Contributions/ erating Expenditures       COLUMN A Total This Period         ontributions (other than loans) ne 11(d), page 3)				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
I LIVILLU REGEIFIO		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12		
			13     14     15     16     17       berson for the purpose of soliciting contributions       be to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee			
Full Name of Individual (Last, First, Mic Smith, Michael, David, ,	ddle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 6200 Stone Hill Farms	Parkway		03 / D D / Y Y Y Y 03 01 2021		
City Flower Mound	State TX	Zip Code 75028-4312	Transaction ID : 15560475 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer (for Individual) The Brokerage, Inc.	Occi Brol	upation (for Individual) ker	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	]		
Full Name of Individual (Last, First, Mic B. Hoffman, Crystal, , SGS,	Idle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address P.O. Box 709			03 / D D / Y Y Y Y 03 02 2021		
City Sugar Land	State TX	Zip Code 77487-0709	Transaction ID : 15561067 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer (for Individual) Benefit Concepts, Inc.	Occ Bro	upation (for Individual) ker	Memo Item		
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date +				
Full Name of Individual (Last, First, Mic C. Fitzgerald, Robert, Mark, ,	Idle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 185 Fowler St	•				
City Woodstock	State GA	Zip Code 30188-5023	Transaction ID : 15561826           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		85.00		
Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occi Brok	upation (for Individual) er	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]		
SUBTOTAL of Receipts This Page (optio	' nal)		215.00		
TOTAL This Period (last page this line n	umber only)				

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Use separate schedule(s)	(check only	v one)
for each category of the	`	
Detailed Summary Page	🗶 11a	11

FOR LINE NUMBER:

PAGE 7 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	<b>i</b>   11a			11	b		11c	12		
			Ľ	setallou cummury r ugo		13			14			15	16		17
	y information copied from such Reports and S for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	imi	ttee											
۹.	Full Name of Individual (Last, First, Middle Ini Dinkel, Matthew, Kim, ,	tial) or Full O	rgar	nization Name		Date	of	Red	cei	pt					
	Mailing Address 13700 Six Mile Cypress Pkwy					<sup>™</sup> 0;		/	Γ	03		/ Y	y 2021		
	City	State FL		Zip Code		Tra	nsa	cti	on	ID :	15	56183	0		_
	Fort Myers			33912-4324		Amo	unt	of I	Ea	ch F	Rec	eipt th	is Perio	bc	
	FEC ID number of contributing federal political committee.	С	_					_	,	_	_		8	5.00	)
	Name of Employer (for Individual) AWA Insurance Agency	Occi Broł	•	ion (for Individual)			Mei	mo	lte	m					
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-	255.00	]										
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Mercedes, I., ,						of	Red	cei	pt					
	Mailing Address 25B Hanover Rd, Suite 220		Date of Receipt												
	City	State		Zip Code		Tra	nsa	ctio	on	ID :	15	56183	2		
	Florham Park	NJ		07932-1443		Amo	mount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	_						,			-9	36	5.00	)
	Name of Employer (for Individual) Savoy Associates	Occi Brol			Mei	mo	lte	m							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.00	]										
<u> </u>	Full Name of Individual (Last, First, Middle Ini Warwick, John, L., ,	tial) or Full O	rgar	nization Name		Date	of	Red	cei	ot					
	Mailing Address 1907 B Mangrove Ave.						03 03 2021								
	City	State		Zip Code		Tra	nsa	cti	on	ID :	: 15	556183	5		
	Chico	CA		95926-2381	_	Amo	unt	of I	Ea	ch F	Rec	eipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	er (for Individual) Occupation (for Individual)							9			g	8	5.00	)
	Name of Employer (for Individual) John Warwick Insurance Services							mo	lte	em					
	Receipt For: Primary General Other (specify)			r-to-Date ▼ 255.00	1										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle Cagliola, David, A., ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1041 Old Cassatt Rd			M M / D D / Y Y Y Y 03 04 2021							
City Berwyn	State PA	Zip Code 19312-1152	Transaction ID : 15561931 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Simkiss & Block	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	]							
Full Name of Individual (Last, First, Middle B. Nolimal, Frank, R, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nolimal, Frank, R, ,									
Mailing Address 5740 S. Arville, Ste 204			03 04 Y Y Y Y Y 2021							
City Las Vegas	State NV	Zip Code 89118-3071	Transaction ID : 15561940 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Assurance Ltd.	Occ Age	upation (for Individual) ent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
Full Name of Individual (Last, First, Middle	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name									
C. Pedersen, Jill, L., REBC, Mailing Address 16325 Boones Ferry Rd #	204		Date of Receipt							
City Lake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 15561943 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		65.00							
Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 295.00	]							
SUBTOTAL of Receipts This Page (optional	)		335.00							
TOTAL This Period (last page this line num	ber only)									

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)			neck only	y or							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any po uddress of any political committee	erson erson	for the	pur htrib	pose of	soliciting	g contri	ibutic	ns		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Dillon, Michael, F., CEBS,	al) or Full O	organization Name		Date of	Re	eceipt						
	Mailing Address 329 Flint Street				M M / D D / Y Y Y Y 03 05 2021								
	City Reno	State NV	Zip Code 89501-2005					<b>1556253</b> Receipt th		iod			
	FEC ID number of contributing federal political committee.	С			<u> </u>				8	85.00			
	Name of Employer (for Individual) Dillon Health		upation (for Individual) sident		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]									
в.	Full Name of Individual (Last, First, Middle Initi Hausladen, Victoria, , ,	al) or Full O	organization Name		Date of	<sup>r</sup> Re	eceipt						
	Mailing Address 3600 American Blvd Suite500 City State Zip Code				03 / D D / Y Y Y Y 03 05 2021								
	Bloomington	MN	55431-4502	$\vdash$				<b>1556253</b> Receipt th		iod			
	FEC ID number of contributing federal political committee.	С			85.00								
	Name of Employer (for Individual) Gallagher	Осси		M	emo	tem							
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       255.00												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Southan, Tamela, L., ,					Re	eceipt						
	Mailing Address 101 W. Renner Rd., Ste 330					/	05		y 2021		1		
	City Richardson	State TX	Zip Code 75082-2025					: <b>1556253</b> Receipt th		iod	_		
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	. ,	٤	85.00			
	Name of Employer (for Individual) Benefit Solutions By Design, LLC	Occu Brok	upation (for Individual) ker		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00											
s	UBTOTAL of Receipts This Page (optional)			•			y .	9	2	55.00			
т	OTAL This Period (last page this line number o	only)		-				1.00					

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

(check only one)

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			Detailed Summary Page	×	-		11b	11c	12	<u> </u>				
	y information copied from such Reports and S for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac								. sommu					
	Full Name of Individual (Last, First, Middle Init Gussin, Craig, , CLU, LPRT,,	tial) or Full O	rganization Name		Date of	<sup>;</sup> Re	ceipt							
	Mailing Address 701 Palomar Airport Road #26				03 05 / Y Y Y Y 2021									
	City Carlsbad	State CA	Zip Code 92011-1047	Transaction ID : 15562538           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				_			100.	00				
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	upation (for Individual) ker		Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
B.	Full Name of Individual (Last, First, Middle Init Sale, Raymer, M., ,	tial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 2905 Premiere Parkway Suite 285				03 05 2021									
	City Duluth	State GA	Zip Code 30097-5246					1556254 Receipt th						
	FEC ID number of contributing federal political committee.	ů l						100.00						
	Name of Employer (for Individual) E2E Benefits Services	Occu Brok	upation (for Individual) ker		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
C.	Full Name of Individual (Last, First, Middle Init Webb, Charles, A., ,	tial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 2670 Electric Rd		Zie Oct		03		06		2021	Ŷ				
	City Roanoke	State VA	Zip Code 24018-3511	A				1556366 Receipt th						
	FEC ID number of contributing federal political committee.	С				_	<u>y</u>	. y	250.	00				
	Name of Employer (for Individual) Innovative Insurance Group	Occu Brok		M	emc	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]										
s	UBTOTAL of Receipts This Page (optional)			•		T		. ,	450.	00				
т	OTAL This Period (last page this line number of	only)	······	•			<b>7</b>	- T						

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(0	heck onl	ne)	L									
11			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c	12	Γ	17					
	y information copied from such Reports and S for commercial purposes, other than using the				n for the		pose of	soliciting	g contrib		าร					
$\overline{\}$	NAME OF COMMITTEE (In Full)															
	Health Underwriters Political Ac	ction Com	mittee													
Α.	Full Name of Individual (Last, First, Middle In Sokol, David, , ,	itial) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 901 Wilshire Drive Suite 330				03 / D D / Y Y Y Y Y 03 06 2021											
	City Troy	State MI	Zip Code 48084-5611					1 <b>556366</b> Receipt th		d						
	FEC ID number of contributing federal political committee.	С								0.00						
	Name of Employer (for Individual) Wilshire Benefits Group Inc		upation (for Individual) sident/CEO		М	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00													
в.	Full Name of Individual (Last, First, Middle In Frizzell, Paula, C., ,	itial) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 1890 Star Shoot Parkway Suite 170-408				Date of Receipt											
	City Lexington	State KY	Zip Code 40509-4566	-				1556368	5 <b>3687</b> pt this Period							
	FEC ID number of contributing federal political committee.	С								5.00						
	Name of Employer (for Individual) Frizzell & Associates	Occ	cupation (for Individual)		М	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00		Members	ship	Form									
C.	Full Name of Individual (Last, First, Middle In Pendorf, Paul, , ,	itial) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 31666 W. Nine Dr.				03	/	07		2021	Y						
	City Laguna Niguel	State CA	Zip Code 92677-2955					: <b>1556368</b> Receipt th		d						
	FEC ID number of contributing federal political committee.	С					y	9	85	5.00						
	Name of Employer (for Individual) Independent Financial Group LLC	Occi Agei	upation (for Individual) ent		M	lemo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00													
s	UBTOTAL of Receipts This Page (optional)				Ļ	-	9	. ,	340	0.00						
Т	OTAL This Period (last page this line number	only)		🕨						-						

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

(check only one)

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				etailed Summary Page	×	11a		1	1b		11c		12	
				and caliniary rago		13		14	4		15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mitt	ee										
Α.	Full Name of Individual (Last, First, Middle Init Galardini, Richard, F., ,	tial) or Full C	rganiz	zation Name		Date of	Re	ece	eipt					
	Mailing Address 7000 Stonewood Dr Suite 251					03	/	l	08	D	/ Y		)21	Y
	City Wexford	State PA	Z	Zip Code 15090-7376	Transaction ID : 15563708           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C						-				_	125.0	0
	Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC		•	n (for Individual) & CEO		M	emo	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 375.00										
в.	Full Name of Individual (Last, First, Middle Init Pendergraft, Ross, W., ,	tial) or Full C	rganiz	zation Name		Date of	Re	ece	eipt					
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300				03       08       2021         Transaction ID : 15563713         Amount of Each Receipt this Period									Y
	City Woodland Hills	State CA	Z	Zip Code 91367-6476										
	FEC ID number of contributing federal political committee.	С						-			-7		85.0	0
	Name of Employer (for Individual) Leavitt Group	Occ Bro	•	n (for Individual)		M	emo	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 255.00										
с.	Full Name of Individual (Last, First, Middle Init Elliot, Anthony, K., ,	tial) or Full C	rganiz	zation Name		Date of	Re	ece	eipt					
	Mailing Address 3360 Barham Blvd.					<sup>M</sup> 03	/	ľ	D D D 08		/ Y	20	21 <sup>Y</sup>	Y
	City Los Angeles	State CA		Zip Code 90068-1473		Trans Amount					563740 eipt thi		eriod	_
	FEC ID number of contributing federal political committee.	С						,			,		365.0	0
	Name of Employer (for Individual) Anthony Elliot Insurance Agency, Inc.	Brok	ker	n (for Individual)		M	emo	o li	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 365.00	N	1ember	ship	o F	orm					
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# SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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PAGE 13 OF

11b     11c     12       14     15     16     17   e purpose of soliciting contributions ontributions from such committee.								
e purpose of soliciting contributions ontributions from such committee.								
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					for the		pose of	soliciting	g cont	ributic	ons					
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ED RECEIPTS       for each category of the Detailed Summary Page         ation copied from such Reports and Statements may not be sold or used by any mercial purposes, other than using the name and address of any political commit         DF COMMITTEE (In Full)         th Underwriters Political Action Committee         me of Individual (Last, First, Middle Initial) or Full Organization Name Susan, M., MS, REBC,,         Address 803 Touralosa Dr         id       State         Image: State       Zip Code         Ind       Gord-7303         number of contributing       Occupation (for Individual)         Broker       For:         for explore (for Individual)       Occupation (for Individual)         Broker       State         For:       Aggregate Year-to-Date ▼         me of Individual (Last, First, Middle Initial) or Full Organization Name       E         Ie, Michael, P., REBC,       Address 935 National Parkway         Suite 93550       State       Zip Code         number of contributing       Occupation (for Individual)         political committee.       C       60173-5150         number of contributing       Occupation (for Individual)       Broker         for:       General       4ggregate Year-to-Date ▼         fimary       General       500,01 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>														
Α.	Rider, Susan, M., MS, REBC,,	al) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 803 Touralosa Dr				M         M         /         D         D         /         Y											
	City Westfield							<b>1556435</b> Receipt th		riod						
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			85.00	)					
	Name of Employer (for Individual) Preventia Group, LLC				М	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate		1												
в.	Full Name of Individual (Last, First, Middle Initia Deagle, Michael, P., REBC,	al) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 935 National Parkway Suite 93550				M         M         /         D         D         /         Y											
	City Schaumburg			-						2021						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							7					
	Name of Employer (for Individual) BenAxis, Inc.		· · · · · · · · · · · · · · · · · · ·		М	emo	ttem									
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с.	Full Name of Individual (Last, First, Middle Initia Meredith, Griffin, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 550 S 5th St Unit 303				<sup>M</sup> 03	1	09		y 202		7					
	City Louisville							: <b>1556430</b> Receipt th		riod						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,		85.00	)					
	Name of Employer (for Individual) Commonwealth Insurance Partners		,		M	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	255.00													
	UBTOTAL of Receipts This Page (optional)		<b>r</b>	•			9 - 1 		3	336.67						

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PAGE 15 OF

		Detailed Summary Page	×	11a		11b		11c		12			
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Any information copied from such Reports a or for commercial purposes, other than usin													
NAME OF COMMITTEE (In Full)		•											
Health Underwriters Politica													
Full Name of Individual (Last, First, Midd A. Magnuson, Raymond, E., JD,CLU,C		organization Name		Date of	Re	eceipt							
Mailing Address 4337 E. 5th Street				03 / D D / Y Y Y Y 2021									
City	State	Zip Code		Trans	acti	ion ID	):1	556436	7				
Tucson	AZ	85711-2025	<u> </u>	Amount	of	Each	Re	eceipt th	is P	eriod			
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Name of Employer (for Individual) Magnuson and Associates	Occ Bro	upation (for Individual) ker		M	emo	ltem	I						
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Primary General Other (specify) ▼		585.00											
Full Name of Individual (Last, First, Midd	le Initial) or Full C	organization Name											
B. Bolitho, Scott, , ,			_	Date of	Re	eceipt							
Mailing Address PO Box 1270				03	/	D	)9	/ Y	20	ү 21	Y		
City	State	Zip Code						556500					
Glenwood Springs	CO	81602-1270		Amount of Each Receipt this Period									
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Name of Employer (for Individual) Glenwood Insurance Agency		upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify) ▼		, 500.00											
Full Name of Individual (Last, First, Midd C. Deru, Scott, E., ,	le Initial) or Full C	organization Name		Date of	Re	ceipt							
Mailing Address 393 W Gordon Ave Ste 1				03	/		D 09	/ Y	20	21 21	Y		
City	State	Zip Code		Trans	acti	ion IC	):1	556507	2				
Layton	UT	84041-2391		Amount	of	Each	Re	ceipt th	is P	eriod			
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Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo	ltem	ı						
Fringe Benefit Analysts		sident											
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Primary General	, iggi oguto												
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PAGE 16 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVILED RECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12					
			13     14     15     16     17       berson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Mide Baker, Brock, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4219 Hillsboro Road, Su	iite 213		03 / D D / Y Y Y Y 03 09 2021					
City Nashville	State TN	Zip Code 37215-3326	Transaction ID : 15565082 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer (for Individual) Baker Benefits Corporation	Occi Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	Check Sent					
Full Name of Individual (Last, First, Mide <b>B.</b> Knight, Ronald David, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address PO Box 507			03 / D D / Y Y Y Y Y 2021					
City Carrollton	State GA	Zip Code 30112-0009	Transaction ID : 15565933 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) J. Smith Lanier & Co. A Marsh and Mcle	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	Monthly Contribution					
Full Name of Individual (Last, First, Mide . Nigro, Samuel, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 17117 Oak Drive Suite D			M M / D D / Y Y Y Y 03 / 12 / 2021					
City Omaha	State NE	Zip Code 68130-2193	Transaction ID : 15565951           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		85.00					
Name of Employer (for Individual) Compass Benefit Advisors	Occi Brok	upation (for Individual) xer	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]					
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# SCHEDULE A (FEC Form 3X) \_\_\_\_\_

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FOR LINE NUMBER:

PAGE 17 OF

177	Mailing Address 222 S. Riverside Plaza         Suite 900         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         USI Insurance Services         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initia         Denz, Stephanie, , ,         Mailing Address 1100 Wild Ginger Lane         City         Fleming Island         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Aetna         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initia         Scholz, Paul, J., ,         Mailing Address 4221 N 203rd St         Ste 200         City         Elkhorn         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)		Use separate schedule(s) for each category of the	(ch	eck only	y oi	ne)								
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Α.	Gertz, Josh, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt								
	Suite 900				м м 03	1			2021	Y					
		State IL	Zip Code 60606-5975												
	0	С			<u> </u>		-		85.0	00					
	USI Insurance Services		upation (for Individual) npliance Project Specialist		Me	emo	o Item								
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		itial) or Full O	rganization Name		Date of	Re	eceipt								
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		State FL	Zip Code 32003-3224												
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			upation (for Individual) keting Director		Me	emo	o Item								
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PAGE 18 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         1	17									
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributio	ons									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee											
Α.	Full Name of Individual (Last, First, Middle In Blakely, Russ, , , Mailing Address 246 E 11th Street	itial) or Full C	Organization Name	Date of Receipt	_									
	Suite 302	State	Zip Code	03 13 2021 Transaction ID : 15567765										
	Chattanooga	TN	37402-4269	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		85.00	)									
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occ Bro	upation (for Individual) ker	Memo Item										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
В.	Full Name of Individual (Last, First, Middle In Daugherty, Cathy, M., ,	itial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1500 Quail St Ste 570			03 / D D / Y Y Y Y 03 13 2021										
	City Newport Beach	State CA	Zip Code 92660-2752	Transaction ID : 15567766 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85.00										
	Name of Employer (for Individual) Bridgeport Benefits		cupation (for Individual) tner	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]										
С.	Full Name of Individual (Last, First, Middle In Masucci, Joseph, A., ,	itial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 333 Rouser Road Building 4 Suite 401	1		03 / D D / Y Y Y Y 03 2021										
	City Moon Township	State PA	Zip Code 15108-2779	Transaction ID : 15567771 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			)									
	Name of Employer (for Individual) Health Benefit Services LLC		upation (for Individual) Irance Broker	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00											
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			for each category of the Detailed Summary Page	3	<b>K</b> 11a 13		11b 14	11c			17						
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., LUTCF,RHU,,	al) or Full O	Organization Name		Date of	Re	eceipt										
	Mailing Address 12138 Big Canoe				03	/	D D D 14				Y						
	City Big Canoe	State GA	Zip Code 30143-5157					<b>1556780</b> Receipt th		riod							
	FEC ID number of contributing federal political committee.	С			<u> </u>					100.0	0						
	Name of Employer (for Individual) David S. Johnson Insurance	Occi Broł	upation (for Individual) ker		Me	emo	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]													
в.	Full Name of Individual (Last, First, Middle Initia Hain, Erica, R., ,	al) or Full O	organization Name		Date of	Re	eceipt										
	Mailing Address MC 32-20 100 North Academy Avenue	01-1-	7. 0.1		03	/	D D D 15				Y						
	City Danville	State PA	Zip Code 17822-0001					1556785		committee. 2021 3 Period 100.00 2021 3 Period 100.00							
	FEC ID number of contributing federal political committee.	С				. 01					0						
	Name of Employer (for Individual) Geisinger Health Plan		upation (for Individual) nior Director, Commercial Sales		Me	emo	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]													
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia hepscher, William, , ,	al) or Full O	Organization Name		Date of	Re	eceipt										
	Mailing Address 38168 Medical Center Avenue				03	1	15				Y						
	City Zephyrhills	State FL	Zip Code 33540-1380					1556785 Receipt th		riod							
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	. ,	_	85.0	0						
	Name of Employer (for Individual) The Canadian Medstore	Occi Brok	upation (for Individual) ker		M	emo	tem										
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NAME OF COMMITTEE (In Full)														
Health Underwriters Politica	al Action Com	mittee												
Full Name of Individual (Last, First, Mic A. Kennedy, Tamara, P., ,	dle Initial) or Full O	rganization Name	Da	Date of Receipt 03 / 16 / 2021 Transaction ID : 15568390										
Mailing Address 9414 E Sera Bria														
City Scottsdale	State AZ	Zip Code 85255-6054				<b>D : 155683</b> N Receipt t								
FEC ID number of contributing federal political committee.	С			_	-y-		85.	00						
Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occi Broł	upation (for Individual) ker		Mei	no Iten	ı								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]											
Full Name of Individual (Last, First, Mic B. Owens, David, Patrick, ,	dle Initial) or Full O	rganization Name	Da	te of	Receipt	:								
Mailing Address 101 Eisenhower Parkw Second Floor			M	Ŷ										
City Roseland	State NJ	Zip Code 07068-1032				0 : 1556839	-							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00											
Name of Employer (for Individual) E.B. Cohen & Co., Inc.		upation (for Individual) icipal	ı											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]											
Full Name of Individual (Last, First, Mic Marinelli, Aaron, M. J., ,	dle Initial) or Full O	rganization Name	Da	te of	Receipt									
Mailing Address 36711 American Way Suite 2F				03 <sup>M</sup>		17 / Y	2021	Y						
City Avon	State OH	Zip Code 44011-4061				<b>D : 155686</b> N Receipt t								
FEC ID number of contributing federal political committee.	С			_	y	,	170.	00						
Name of Employer (for Individual) Magis Advisory Group	Occu Brok	upation (for Individual) er		Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3510.00	]											
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PAGE 21 OF

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$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	imi	ttee									
۹.	Full Name of Individual (Last, First, Middle Initia Bly, Perry, J., ,	l) or Full O	rgar	nization Name		Date	of F	Red	ceipt	t			
	Mailing Address 6340 South Western Ave Ste 120					<sup>™</sup> 03		/		р 17	/ Y	2021	Ŷ
	City Sioux Falls	State SD		Zip Code 57108-3413							<b>556860</b> ceipt th	<b>)3</b> his Period	
	FEC ID number of contributing federal political committee.	С	_					_	,		-	85.0	00
	Name of Employer (for Individual) Pernell Insurance Agency, Inc.	Осси	upat	tion (for Individual)			Merr	no	Iten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 255.00	]								
в.	Full Name of Individual (Last, First, Middle Initia Tompkins, Daniel, R., JD, MBA,	l) or Full O	rgar	nization Name		Date	of F	Red	ceipt	t			
	Mailing Address 1720 Windward Concourse Suite 290					<sup>™</sup> 03		/		D 17	/ Y	y y 2021	Y
	City Alpharetta	State GA		Zip Code 30005-2291							5 <b>56860</b> ceipt th	<b>8</b> nis Period	
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	Name of Employer (for Individual) Admin America, Inc.	Occi Brol		tion (for Individual)		Ц	Merr	no	Iten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 255.00	]								
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date	of F	Red	ceipt	t			
	Mailing Address 4088 Main Street					M 03		/		л 17	/ Y	2021	Y
	City Hilliard	State OH		Zip Code 43026-1436							556870 ceipt th	<b>)9</b> nis Period	
	FEC ID number of contributing federal political committee.	С	_			_			y		y	365.0	00
	Name of Employer (for Individual) EB Solutions LLC	Осси	upat	tion (for Individual)		Ц	Men	no	lter	n			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 365.00	1								
s	UBTOTAL of Receipts This Page (optional)				•		-		9		y	535.(	0
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PAGE 22 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     1       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Wolfe, Rosanne, , RHU, REBC,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address PO Box 17236											
City Tucson	State AZ	Zip Code 85731-7236	Transaction ID : 15568757 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	]								
Full Name of Individual (Last, First, Mide B. Villagran, Denise, S., MBA,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1016 Santa Fe St, #205			03 / D D / Y Y Y 18 2021								
City Corpus Christi	State TX	Zip Code 78404-2343	Transaction ID : 15568762 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		63.00								
Name of Employer (for Individual) Entrust, Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 273.00	]								
Full Name of Individual (Last, First, Mido C. Smith, David, C., REBC,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 110 N. Corcoran St. #12			03 / D D / Y Y Y Y 03 19 2021								
City Durham	State NC	Zip Code 27701-5020	Transaction ID : 15569502 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) EbenConcepts	Occ Brok	upation (for Individual) xer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	]								
SUBTOTAL of Receipts This Page (option	al)		275.00								
TOTAL This Period (last page this line nu	mber only)										

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

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

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1								
			person for the purpose of soliciting contributions the to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mic Bennett, Andrea, M., ,		rganization Name	Date of Receipt								
Mailing Address 5360 Gulf of Mexico Dr #107			03 / D D / Y Y Y Y 2021								
City Longboat Key	State FL	Zip Code 34228-2046	Transaction ID : 15570444           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) AM Bennett & Co	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kmety, Mark, , ,										
Mailing Address 353 North Clark Street			Date of Receipt								
City Chicago	State IL	Zip Code 60654-4704	Transaction ID : 15570451 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) Alliant/Mesirow Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
Full Name of Individual (Last, First, Mic C. Mayer, Alana, Marie, ,	ldle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3800 N. Central Ave 9th Floor			M 03 / D D / Y Y Y Y 22 2021								
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 15570507           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Black, Gould & Associates	Occ	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]								
SUBTOTAL of Receipts This Page (optio	nal)		1170.00								
TOTAL This Period (last page this line n	umber only)										

PAGE 23 OF

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Kohlsdorf, Eric, , ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 1501 Ingersoll Ave Suite 200				03 / D D / Y Y Y Y 2021									
	City Des Moines	State IA	Zip Code 50309-3102					1557051 Receipt th						
	FEC ID number of contributing federal political committee.	С							85	00				
	Name of Employer (for Individual) Prisma Strategies	Occi Brol		M	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 355.00	]										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Burns, Patrick, , CEBS,						eceipt							
Ma Cit Oa FE	Mailing Address 5653 Maxwelton Road						03 / D D / Y Y Y Y 22 2021							
	City	State CA	Zip Code 94618-2654					1557052						
	Oakland FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 510.00	]										
с.	Full Name of Individual (Last, First, Middle Initi Norris, Michael, A., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 295 E Palmer Street				03 <sup>M</sup>	1	22		2021	Y				
	City Franklin	State NC	Zip Code 28734-3049				-	1557052 Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. <u>,</u>	90	00				
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts	Occi Brok	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	1										
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#### SCHEDULE A (FEC Form 3X) - . . . . . . DEOFIDTO

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Wild, Trei, , ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 3724 Hearst Castle Way				y y 2021	Y								
	City Plano	State TX	Zip Code 75025-3719					<b>1557052</b> Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		85.	00				
	Name of Employer (for Individual) Protect Plans	Occi Broł	upation (for Individual) ker		M	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	1											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schutte, Stephen, , ,						eceipt							
·	Mailing Address 5750 New King Dr Ste 310	State Zip Code					03 22 2021 Transaction ID : 15570662							
	City Troy	State	Zip Code 48098-2696	-						1				
	FEC ID number of contributing federal political committee.	C					Amount of Each Receipt this Period							
	Name of Employer (for Individual) Corporate Benefit Solutions / ICA						o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
С.	Full Name of Individual (Last, First, Middle Initi Griffey, Patricia, A., CSA, RHU,,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 56294 Primrose Cir				<sup>M</sup> 03	1	23		y y 2021	Y				
	City Elkhart	State IN	Zip Code 46516-1509					1557072 Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	100	00				
	Name of Employer (for Individual) Page 1 Medicare	Occu Brok	upation (for Individual) er		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1										
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	685.	00				
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Detailed Summary Page

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TEMIZED RECEIFTS		Detailed Summary Page				11	lb 🗌	11c	12								
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NAME OF COMMITTEE (In Full)																	
> Health Underwriters Political	Action Com	mittee															
Full Name of Individual (Last, First, Midd Pifer, Randall, K., LUTCF,	le Initial) or Full C	nitial) or Full Organization Name					Date of Receipt										
Mailing Address 940 Colorado Avenue																	
City	State	Zip Code		Transaction ID : 15570738													
Grand Junction	CO	81501-3519	A	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		365.00														
Name of Employer (for Individual) Active Insurance Solutions	Occ	upation (for Individual) ker	Memo Item														
Receipt For:	Aggregate	Year-to-Date ▼															
Primary General	Aggregate		- 1 -														
Other (specify) V		365.00															
Full Name of Individual (Last, First, Midd B. Larkin, Amber, , ,							ipt										
Mailing Address 1031 W 4th Ave #400	Mailing Address 1031 W 4th Ave #400						03 / D D / Y Y Y Y Y 24 2021										
City	State	Zip Code		Transaction ID : 15571547													
Anchorage	AK	99501-5905	A	mount	t of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C				-			500	0.00								
Name of Employer (for Individual) Marsh & McLennan Agency							Memo Item										
Receipt For:	Aggregate	Year-to-Date V															
Primary General Other (specify) ▼		1000.00	1														
Full Name of Individual (Last, First, Midd C. Pittman, Joseph, E., ,	le Initial) or Full C	rganization Name		ate of	Re	ece	ipt										
Mailing Address P O Box 24133				<sup>M</sup> 03	/	ſ	D D 24	/ Y	2021	Y							
City	State	Zip Code		Trans	acti	ior	n ID : 1	155715	51								
Omaha	NE	68124-0133	A	mount	of	Ea	ich Re	eceipt t	his Perio	d							
FEC ID number of contributing federal political committee.	C					,		. ,	85	5.00							
Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	o It	em										
Creative Association Management	Brok																
Receipt For:	Aggregate Year-to-Date ▼																
Primary General	1.99.09410	255.00	- 1 -														
Other (specify)																	
SUBTOTAL of Receipts This Page (optiona	al)					,			950	).00							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other the			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Po	litical Action Com	nittee									
Full Name of Individual (Last, Firs Kowalczyk-Gonzalez, CarrieA Mailing Address 6568 S Federal W	nne, , ,	ganization Name	Date of Receipt								
City	State	Zip Code	03 24 2021 Transaction ID : 15571555								
Boise	ID	83716-9277	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		Memo Item								
Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC		pation (for Individual) th Insurance Agent									
Receipt For:         Primary       General         Other (specify) ▼	Aggregate	/ear-to-Date ▼ 255.00	]								
Full Name of Individual (Last, Firs B. Hogeland, Charlene, M., ,	, Middle Initial) or Full Or	ganization Name	Date of Receipt								
Mailing Address 3800 N Central Av Ninth Floor			03 / D D / Y Y Y Y 24 2021								
City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 15571559								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00								
Name of Employer (for Individual) Black, Gould & Associates	Occu Sale	pation (for Individual) s	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 1170.00	]								
Full Name of Individual (Last, Firs C. Barrera, Rolando, G., ,	, Middle Initial) or Full Or	ganization Name	Date of Receipt								
Mailing Address 101 N Shoreline E Suite 410			03 / D D / Y Y Y Y Y 24 2021								
City Corpus Christi	State TX	Zip Code 78401-2825	Transaction ID : 15571575								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) Roland Barrera Insurance	Occu Agen	pation (for Individual) t	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 255.00	]								
SUBTOTAL of Receipts This Page	optional)		255.00								
TOTAL This Period (last page this li	ne number only)										

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

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PAGE 28 OF

			Detailed Summary Page	×	-		11k		11c	12	<u> </u>						
	y information copied from such Reports and for commercial purposes, other than using th							e of s									
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Ir Tellesbo-Kembel, Marsha, , , Mailing Address 40 Lake Bellevue, Suite 100	nitial) or Full O	rganization Name		Date of Receipt												
	City Bellevue	State WA	Zip Code 98005-2480				-		557162	-							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
	Name of Employer (for Individual) Tellesbo & Company	Occi Brol	upation (for Individual) ker	Memo Item													
	Receipt For: Primary General Other (specify) ▼	1															
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gwin, David, R., ,						ceip	pt									
	Mailing Address P.O. Box 1396								03 / 25 / Y Y Y Y 2021								
	City Irmo	State SC	Zip Code 29063-1396	/	Transaction ID : 15572087           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				-7-			85.0	00							
	Name of Employer (for Individual) Southeastern Insurance Consultants	Occ Bro	upation (for Individual) ker		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]													
C.	Full Name of Individual (Last, First, Middle Ir Rice, Russell, Lee, SGS,	nitial) or Full O	rganization Name		Date of	Re	ceip	pt									
	Mailing Address 8830 Buckskin Dr				03 <sup>M</sup>	/	D	25	/ Y	2021	Y						
	City Boerne	State TX	Zip Code 78006-5554						557208 ceipt th	<b>39</b> his Period							
	FEC ID number of contributing federal political committee.	С					,		,	85.0	00						
	Name of Employer (for Individual) AVESIS, Inc. Receipt For:	Occi Brok		M	ema	b Ite	em										
	Primary General Other (specify)	Aggregate	1														
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PAGE 29 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12	17				
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	contribu	itions				
$\square$	NAME OF COMMITTEE (In Full)													
$\rangle$	Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Thal, Harry, P., ,	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address PO BOX 2137				03 25 2021									
	City KERNVILLE	State CA	Zip Code 93238-2137				1557209 Receipt th		 					
	FEC ID number of contributing federal political committee.	С			<u> </u>				85	00				
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occu Broł		М	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]										
В.	Full Name of Individual (Last, First, Middle Initi Linneman, Ron, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1740 Rice Street Ste 200 City						03 / 26 / Y Y Y Y 2021							
	City Saint Paul	State MN	Zip Code 55113-6825		Transaction ID : 15572172 Amount of Each Receipt this Per					1				
	FEC ID number of contributing federal political committee.		85.00											
	Name of Employer (for Individual)Occupation (for Individual)Western Insurance AgencyOccupation (for Individual)						Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) V		255.00											
c.	Full Name of Individual (Last, First, Middle Initi Gilbert, Debra, E., ,	al) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 2331 Mustang Drive Suite 200				03 M	1	26	J L	ү ү 2021	Ŷ				
	City Grapevine	State TX	Zip Code 76051-1014				-	1557217 Receipt th	-					
	FEC ID number of contributing federal political committee.	С			Ē		,	,	30	.00				
	Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) ident		M	emo	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	1											
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#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	nittee									
Full Name of Individual (Last, First, Mid A. Schneider, Chad, P., ,	dle Initial) or Full Or	ganization Name	Date of Receipt								
Mailing Address 4470 Woodman Ave	Otata	Zin Oodo	03 / D D / Y Y Y Y Y 26 2021								
City Sherman Oaks	State CA	Zip Code 91423-5520	Transaction ID : 15572181 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Jellyvision	Occu Brok	pation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]								
Full Name of Individual (Last, First, Mid B. Rivera, Michael, A., ,	dle Initial) or Full Or	ganization Name	Date of Receipt								
Mailing Address 13201 N.W. Fwy. Suite			M M / D D / Y Y Y Y 03 26 2021								
City Houston	State TX	Zip Code 77040-6165	Transaction ID : 15572189 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Northwest General Insurance	Occu Brok	pation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 255.00	]								
Full Name of Individual (Last, First, Mid Cociu, Dorothy, M., RHU, RE		ganization Name	Date of Receipt								
Mailing Address P.O. Box 6677			M M / D D / Y Y Y Y 03 26 2021								
City Fullerton	State CA	Zip Code 92834-6677	Transaction ID : 15572192 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occu Broke	pation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]								
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Init Tierney, Robert, J., HDHP,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 830 Main Street, Ste. 200				Mom       /       D = D       /       Y = Y = Y = Y         03       27       2021         Transaction ID : 15573252         Amount of Each Receipt this Period									
	City Meridian	State ID	Zip Code 83642-2611											
	FEC ID number of contributing federal political committee.	С					-		85.	00				
	Name of Employer (for Individual) Compass Benefit Advisors	Occi Broł	upation (for Individual) ker		M	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
B.	Full Name of Individual (Last, First, Middle Init Schwartz, Matt, B., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 2950 Breckenridge Lane, Suite 8A													
	City Louisville	State KY	Zip Code				-	1557325						
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 85.00								
	Name of Employer (for Individual) Schwartz Insurance Group	Occ	upation (for Individual) ker		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]										
C.	Full Name of Individual (Last, First, Middle Init Hill, Donna, D., FLMI,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 2905 Premiere Parkway Suite 285 City	State	Zip Code		03		27		2021	Y				
	Duluth	GA	30097-5246					Receipt th						
	FEC ID number of contributing federal political committee.	С			Ľ.		,	. ,	85.	00				
	Name of Employer (for Individual) E2E Benefits Services Inc	Occu Brok	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]										
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	y information copied from such Reports and S for commercial purposes, other than using the																	
$\backslash$	NAME OF COMMITTEE (In Full)																	
$\sum$	Health Underwriters Political Ac	tion Com	mitte	e														
Α.	Full Name of Individual (Last, First, Middle Ini Jennings, Julie, , ,	Date of Receipt																
	Mailing Address 55 Hathaway Pond Cir		03	1		27	/ Y		)21	Y								
	City	State		p Code		Trans	acti	ion	ID : 1	557326	1							
	Rochester	MA		02770-4135	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			85.00													
	Name of Employer (for Individual) Massachusetts Association of Health Un								em									
	Receipt For:	Year-to	o-Date ▼															
	Primary General Other (specify) ▼			255.00														
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Suzanne, K., RHU, CEBS,,							Date of Receipt										
	Mailing Address 7621 Little Ave Suite 113	03 27 2021																
	City	State	Zi	p Code		Trans	acti	ion	ID : 1	557326	3							
	Charlotte	NC	2	28226-8402	4	Amount	nt of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				-,		-95		85.0	0							
	Name of Employer (for Individual) Employee Benefit Advisors	upatior ker	(for Individual)		M	emo	o Ite	em										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	D-Date ▼ 255.00														
с.	Full Name of Individual (Last, First, Middle Ini Singleton, Terry, , REBC,CFP,C,	tial) or Full O	Organiza	ation Name		Date of	Re	ecei	pt									
	Mailing Address PO Box 195579	03 27 2021																
	City	State		p Code		Trans	act	ion	ID : 1	557326	64							
	Winter Springs	FL	3	32719-5579	A	Amount	of	Ead	ch Re	ceipt th	is P	eriod						
	FEC ID number of contributing federal political committee.	С						<b>y</b>		, ,		85.0	0					
	Name of Employer (for Individual) The Enterprise Team	Individual) Occupation (for Individual) Partner																
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date ▼ 255.00														
s	UBTOTAL of Receipts This Page (optional)			•				9		,		255.0	0					
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NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee																	
Full Name of Individual (Last, First, Middle Init A. Underhill, Elizabeth, J., ,	ial) or Full O	rganization Name		Date of	Re	ecei	pt												
Mailing Address 5951 Canoga Avenue				03	/	L	27	/ Y	2021										
City Woodland Hills	State CA	Zip Code 91367-5010						1557320 eceipt tl		od									
FEC ID number of contributing federal political committee.	С					- -			٤	35.00	)								
Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) rance agent		Me	emo	) Ite	em												
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Full Name of Individual (Last, First, Middle Init <b>B.</b> Reddy, Michael, S., ,	ial) or Full O	rganization Name		Date of	Re	ecei	pt												
Mailing Address 330 River Pointe Drive									03 / D D / Y Y Y Y 27 2021										
City Elkhart	State IN	Zip Code 46514-1457		Transaction ID : 15573267 Amount of Each Receipt this Period															
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Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occi Brol	upation (for Individual) ker		Me	emo	) Ite	em												
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Full Name of Individual (Last, First, Middle Init C. Blasman, Wayne, , ,	ial) or Full O	rganization Name		Date of	Re	ecei	pt												
Mailing Address 5210 Lewis Road, Suite 14				03 <sup>M</sup>	/		28	/ Y			]								
City Agoura Hills	State CA	Zip Code 91301-2662						155732 eceipt tl		od									
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Name of Employer (for Individual) Bridgeport Benefits Inc	Occu Brok	upation (for Individual) er		Me	emo	o Ite	em												
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A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ambro, Heather, , ,							Date of Receipt											
	Mailing Address 11704 Lackland Industrial Driv	/e				м м 03	/		D 28		/ Y		)21	Y					
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В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Danzig, Howard, , ,							Date of Receipt											
	Mailing Address 11704 Lackland Industrial Driv	03 28 2021																	
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с.	Full Name of Individual (Last, First, Middle Init Wilson, Thomas, R., ,	tial) or Full O	rgar	nization Name		Date of	f Re	ece	eipt										
	Mailing Address 701 Lamar		03 28 2021																
		State		Zip Code							557328								
	Wichita Falls	ТХ		76301-6824	/	Amoun	t of	E	ach F	Rec	eipt th	is P	eriod						
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<u> </u>	NAME OF COMMITTEE (In Full)															
$\Big)$	Health Underwriters Political Act	ion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initi Hartman, William, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 215 Airport North Office Park															
	City Fort Wayne	State IN	Zip Code 46825-6702													
	FEC ID number of contributing federal political committee.	С			85.00											
	Name of Employer (for Individual) Hartman Insurance Services		Me	emo	o Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	1												
в.	Full Name of Individual (Last, First, Middle Initi Farrell, Jennifer, Liane, ,		Date of	Re	eceipt											
	Mailing Address 3800 North Central Avenue 9th Floor	9th Floor						03 / D D / Y Y Y Y Y 28 2021								
	City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 15573299 Amount of Each Receipt this Period												
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	Name of Employer (for Individual) Black, Gould & Associates	upation (for Individual) ker		Me	emo	o Item										
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	Mailing Address 100 North Weinbach Avenue		M = M / D = D / Y = Y = Y = Y													
	City Evansville	State IN	Zip Code 47711-6006		Transaction ID : 15573300           Amount of Each Receipt this Period											
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Α.	Full Name of Individual (Last, First, Middle Initi Cagliola, Victoria, , CPA,	al) or Full O	rganization Name		Date o	f Re	eceipt		15       16         liciting contribution such committee         /       2021         573303       500         eipt this Period       85.00         /       2021         573305       500         eipt this Period       85.00         /       2021         573305       600         eipt this Period       85.00         /       2021         573305       600         eipt this Period       85.00         /       2021         573305       600         9       9         9       2021         573307       7					
	Mailing Address 1041 Old Cassatt Rd			M         M         /         D         D         /         Y										
	City Berwyn	State PA	Zip Code 19312-1152	A				: 1557330 Receipt th		ł				
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	Name of Employer (for Individual) Simkiss & Block	Occu CPA	upation (for Individual)		М	emo	o Item							
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в.	Full Name of Individual (Last, First, Middle Initi Lubenow, Douglas, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 214 West Main Street Suite 101				03 / 28 / Y Y Y Y 2021									
	City Moorestown	State NJ	Zip Code 08057-2345		Transaction ID : 15573305									
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Grava, A. Andra, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 40 E. McDermott Drive			03 / D D / Y Y Y Y 03 28 2021										
	City Allen	State TX	Zip Code 75002-2802	A	Transaction ID : 15573307 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) The DI Center	upation (for Individual) er		M	emo	o Item								
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name of Individual (Last, First, Middle Initial) Lago, Julian, E., ,	or Full O	rgar	nization Name		Date of Receipt											
	Mailing Address 6671 W Indiantown Rd, Ste 50284						)3	/	'	D	28		/ Y		)21	Y	
	5	State FL		Zip Code 33458-3991	_								57332				
	Jupiter			33436-3991		Am	oun	t of	E	ac	h R	ece	eipt th	s P	eriod		
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в.	Full Name of Individual (Last, First, Middle Initial) Crosby, Neil, R., ,	or Full O	rgar	nization Name		Dat	e o	f Re	ec	eip	ot.						
	Mailing Address 32110 Agoura Road				03	/		D	28	1	/ Y	20	21	Y			
	City	State		Zip Code		Tr	ans	acti	io	n I	D : 1	15!	573329	•			
	Westlake Village	CA		91361-4026	/	Am	oun	t of	E	ac	h R	ece	eipt thi	s P	eriod		
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	Name of Employer (for Individual) Warner Pacific Insurance Services	Occi Dire		Memo Item													
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<u></u>	Full Name of Individual (Last, First, Middle Initial) Morrison, James, M., RHU,REBC,	or Full O	rgar	nization Name		Dat	e o	f Re	ec	eip	ot						
	Mailing Address 6096 Innovation Way						03 <sup>M</sup>	/	'	D	28	1	/ Y	y 20	21 <sup>°</sup>	Y	
	5	State		Zip Code		Tr	ans	sact	tio	n	D :	15	57333	1			
	Carlsbad	CA		92009-1741		Am	oun	t of	E	ac	h R	ece	eipt th	s P	eriod		
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Bechtold, Annette, , REBC,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 148 Stone Cliff Trace				03 / D D / Y Y Y Y 28 2021										
	City Cleveland	State GA	Zip Code 30528-5397		Transaction ID : 15573338 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85.00											
	Name of Employer (for Individual) OneDigital	Occu Brok	ipation (for Individual) er		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]											
в.	Full Name of Individual (Last, First, Middle Initia Childers, Russell, B., CLU,ChFC,		Date of	Re	eceipt										
	Mailing Address PO Box 1547				03	1	28		Y	y y 2021	Y				
	City Americus	State GA	Zip Code 31709-1547				<b>ion ID</b> Each			) s Period					
	FEC ID number of contributing federal political committee.	С		90.00											
	Name of Employer (for Individual) Russ Childers, CLU	Occu Broł		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 270.00	]											
C.	Full Name of Individual (Last, First, Middle Initia Reents, Joni, Robin, ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 10701 Melody Drive Suite 320	Otata			03	1	D 28	3		2021	Y				
	City Northglenn	State CO	Zip Code 80234-4122	_	Transaction ID : 15573341           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		9	85.	00				
	Name of Employer (for Individual) Reents Insurance Agency	Occu Brok	ipation (for Individual) er		Memo Item										
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			y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Con	nmittee												
Full Name of Individual (Last, First, Mi <b>A.</b> Kapostins, Ashley, , ,	ddle Initial) or Full (	Drganization Name	Date of Receipt											
Mailing Address 2301 Maitland Center <u>Ste 125</u>	Pkwy		03 28 2021											
City Maitland	State FL	Zip Code 32751-4173	Transaction ID : 15573344 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) CIGNA		cupation (for Individual) oker	Memo Item											
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Full Name of Individual (Last, First, Mi B. Bandy, Brandi, , ,	ddle Initial) or Full (	Drganization Name	Date of Receipt											
Mailing Address 113 Constant Rd														
City Alexandria	State LA	Zip Code 71302-4024	Transaction ID : 15804245 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		0.00											
Name of Employer (for Individual) UDB Insurance	Occ	cupation (for Individual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 0,00	Refund(s) on Schedule B Totaling \$12.00 This change the YTD Total to \$0.00											
Full Name of Individual (Last, First, Mic. Ducote, Dale, , ,	ddle Initial) or Full C	Drganization Name	Date of Receipt											
Mailing Address 235 Highlandia Drive Suite 100	01-14	75.0-4-	03 / D D / Y Y Y Y Y 31 2021											
City Baton Rouge	State LA	Zip Code 70810-6056	Transaction ID : 15804246         Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		0.00											
Name of Employer (for Individual) RETIRED	Occ Bro	cupation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 42.00	Refund(s) on Schedule B Totaling \$84.00 This change the YTD Total to \$42.00											
SUBTOTAL of Receipts This Page (optic	onal)		85.00											
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Detailed Summary Page

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Mailing Address 38168 Medical Center Avenue         City       State       Zip Code         Zephyrhills       FL       33540-138         FEC ID number of contributing       federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         The Canadian Medstore       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       First, Middle Initial) or Full Organization Name	Imary Page       X       11a       11b       11c       12         13       14       15       16       17         r used by any person for the purpose of soliciting contributions oblitical committee to solicit contributions from such committee.       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of soliciting contributions from such committee       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of soliciting contributions from such committee       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of soliciting contributions from such committee       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of the purpose of soliciting contributions from such committee.       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of the purpose of soliciting contributions from such committee.       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of the purpose of soliciting contribution of the purpose of soliciting contributions from such committee.       Image: Contribution of the purpose of soliciting contributions from such committee.         Image: Contribution of the purpose of the purpose of solicitititee contrelating contributions from such contributions f
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Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam         hepscher, William, , ,         Mailing Address 38168 Medical Center Avenue         City       State         Zephyrhills       FL         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)       Occupation (for Individual)         The Canadian Medstore       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam	Date of Receipt 03 31 2021 Transaction ID : PR433050924982 Amount of Each Receipt this Period 25.00 Memo Item P/R Deduction (\$25.00 Monthly)
A.       hepscher, William, , ,         Mailing Address 38168 Medical Center Avenue         City       State       Zip Code         Zephyrhills       FL       33540-138         FEC ID number of contributing       federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         The Canadian Medstore       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam	Date of Receipt 03 31 2021 Transaction ID : PR433050924982 Amount of Each Receipt this Period 25.00 Memo Item P/R Deduction (\$25.00 Monthly)
City       State       Zip Code         Zephyrhills       FL       33540-138         FEC ID number of contributing       C       C         federal political committee.       C       C         Name of Employer (for Individual)       Occupation (for Individual)         The Canadian Medstore       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	03     31     2021       Transaction ID : PR433050924982       30     Amount of Each Receipt this Period       idual)     25.00       P/R Deduction (\$25.00 Monthly)
Zephyrhills       FL       33540-138         FEC ID number of contributing federal political committee.       C       C         Name of Employer (for Individual)       Occupation (for Individual)         The Canadian Medstore       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam	Amount of Each Receipt this Period 25.00 Memo Item P/R Deduction (\$25.00 Monthly)
federal political committee.       Image: Committee of the second	ridual) Memo Item P/R Deduction (\$25.00 Monthly)
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Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam	
Mailing Address 1016 Santa Fe St, #205	Date of Receipt
City State Zip Code	03 31 2021 Transaction ID : PR433061224982
Corpus Christi TX 78404-234	
FEC ID number of contributing federal political committee.	42.00
Name of Employer (for Individual)Occupation (for Individual)Entrust, Inc.Broker	/idual) Memo Item
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Nam C. Schreder, Lynn, M., ,	Date of Receipt
Mailing Address 5550 Wild Rose Lane Suite 400	03 / D D / Y Y Y Y 03 31 2021
CityStateZip CodeWest Des MoinesIA50266-535	Transaction ID : PR433076124982           1         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initia McFerrin, Dwane, C., CLU, CFP,,	al) or Full Oi	organization Name		Date of	Re	ceipt									
	Mailing Address 8420 West Dodge Road Suite 510				03 / D D / Y Y Y Y 03 31 2021											
	City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168124982           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P	/R Dedu	uctio	on (\$85	.00 Mont	hly)							
в.	Full Name of Individual (Last, First, Middle Initia Pedersen, Jill, L., REBC,		Date of	Re	ceipt											
	Mailing Address 16325 Boones Ferry Rd #204				м м 03	/	31		2021	Ý						
	City Lake Oswego	State OR	Zip Code 97035-4297				-		<b>7742498</b> his Perio							
	FEC ID number of contributing federal political committee.	С		25						.00						
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$25.00 Monthly)												
с.	Full Name of Individual (Last, First, Middle Initia Brittain, Jennifer, , ,	al) or Full Oi	organization Name		Date of	Re	ceipt									
	Mailing Address 208 N. Mill	01-1-			03	/	31		2021	_						
	City Pryor	State OK	Zip Code 74361-2422		Transaction ID : PR433214324982         Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					, .	y	85	.00						
	Name of Employer (for Individual) Brown & Brown, Inc.	Occu Brok	upation (for Individual) ker		Me	emc	tem									
	Primary General Other (specify)															
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	195	.00						
т	OTAL This Period (last page this line number or	nly)	•							-						

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)												
II LIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1												
			person for the purpose of soliciting contributions e to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee													
Full Name of Individual (Last, First, Middle Keehn, Joanie, , ,	e Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 3104 Hubbard Rd			03 31 2021												
City Madison	State OH	Zip Code 44057-2940	Transaction ID : PR433248824982 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		25.00												
Name of Employer (for Individual) HealthMarkets	Occi	upation (for Individual)	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$25.00 Monthly)												
Full Name of Individual (Last, First, Middle <b>B.</b> Thams, Todd, , , Mailing Address 1209 Broadway	e Initial) or Full O	rganization Name	Date of Receipt												
City	State	Zip Code													
Denison	IA	51442-2632	Transaction ID : PR433308324982 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		85.00												
Name of Employer (for Individual) Thams Agency	Occ	upation (for Individual) ker	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)												
Full Name of Individual (Last, First, Middle C. Spleet, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 2444 East Hill Rd.			03 / D D / Y Y Y Y 31 2021												
City Grand Blanc	State MI	Zip Code 48439-5098	Transaction ID : PR433316624982           Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		130.00												
Name of Employer (for Individual) Franklin Benefit Soutions	Occi Brok	upation (for Individual) er	Memo Item												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$130.00 Monthly)												
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		240.00												

### SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a         11b         11c         12									
	orts and Statements may not be sold or used by any using the name and address of any political committe										
NAME OF COMMITTEE (In Full) Health Underwriters Poli											
Full Name of Individual (Last, First, Willison, Clover, Denise, ,	Middle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 355 Sprowel Creek	Rd	03 31 2021									
City Corte an ille	State Zip Code CA 95542-3110	Transaction ID : PR433468624982									
Garberville	CA 95542-3110	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	100.00									
Name of Employer (for Individual) Clover Willison Insurance Services	Occupation (for Individual) Broker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Monthly)									
Full Name of Individual (Last, First, Crandall, Lori, , ,	Middle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 2375 E Camelback Suite 250	Rd	03 31 2021									
City	State Zip Code	Transaction ID : PR433531524982									
Phoenix	AZ 85016-3491	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	25.00									
Name of Employer (for Individual) USI Insurance Services	Occupation (for Individual) Vice President	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	P/R Deduction (\$25.00 Monthly)									
Full Name of Individual (Last, First, Trautwein, Janet, , ,	Middle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 1212 New York Ave	e. NW, Ste 1100	03 31 2021									
City	State Zip Code	Transaction ID : PR436821424982									
Washington	DC 20005-3987	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	170.00									
Name of Employer (for Individual) NAHU	Occupation (for Individual) CEO	Memo Item									
Receipt For:	Aggregate Year-to-Date ▼										

#### 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

				Detailed Summary Page	×			11	- H-	110		12					
An	y information copied from such Reports and State	ements ma	l av n	ot be sold or used by any ne	erson f	13 or the	DUr	14 005		15 Olicit		16 ontribu	17 tions				
or	for commercial purposes, other than using the na	ame and a	ddr	ess of any political committee	e to so	licit coi	ntrib	outic	ons fro	om si	uch c	ommit	.ee.				
$\backslash$	NAME OF COMMITTEE (In Full)	<u> </u>															
	Health Underwriters Political Action	on Com	mi	ttee													
Α.	Full Name of Individual (Last, First, Middle Initial Rios-Carl, Elizabeth, E., PIWT SGS,	) or Full O	rga	nization Name	r	Date of	Re	أمرد	int								
	Mailing Address 210 North Campbell						_	_	ıpı □ □ □	/	Y	YY	Y				
						03	Í	Ľ	31			2021					
	City	State		Zip Code		Transaction ID : PR436824524982											
	El Paso	ТХ		79901-1406	/	Amount	t of	Ea	ch Re	ceipt	this	Period					
	FEC ID number of contributing federal political committee.	С				85.00											
	Name of Employer (for Individual) Self-Employed	Occu Brok	•	ion (for Individual)	Memo Item												
	Receipt For:	Aggregate	Yea	r-to-Date ▼	$\neg$												
	Primary General			255.00	P/												
	Other (specify) <b>v</b>	Other (specify)															
в.	Full Name of Individual (Last, First, Middle Initial Ashmore, Elizabeth, , CBC, SGS,,	) or Full O	rga	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 6102 82nd St, Bldg #6						/			/	Y	2021	Y				
	City	State		Zip Code		Trans	acti	ion	ID : P	R436	8303	24982					
	Lubbock	ТХ		79424-0803	/	Amount	t of	Ea	ch Re	ceipt	this	Period					
	FEC ID number of contributing	С										170.	00				
	federal political committee.					_		7	-	- 7							
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occi Brol	•	tion (for Individual)		Memo Item											
		Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify)			510.00	P/	R Ded	uctic	on (	(\$170.	00 M	onthl	y)					
	Other (specify) V		,	510.00													
c.	Full Name of Individual (Last, First, Middle Initial Trebing, C. Louanne, , ,	) or Full O	rga	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 1806 Patton Drive					м м 03	/	ſ	D D D 31	/		2021	Y				
	City	State		Zip Code		Trans	acti	ion	ID : F	PR43	6856	924982	2				
	Garland	ТХ		75042-8205	4	Amount	t of	Ea	ch Re	ceipt	this	Period					
	FEC ID number of contributing federal political committee.	С						9		,		30.	00				
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)	-	М	emo	o Ite	em								
	Trebing Insurance Services	Brok	ker	· · · · ·													
		Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify)			475.00	P.	/R Ded	uctio	on	(\$30.0	0 Mc	nthly	)					
	Other (specify)		7														
s	UBTOTAL of Receipts This Page (optional)			••••••	.			,				285.	00				
т	OTAL This Period (last page this line number onl	y)		••••••				7									

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

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

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PAGE 45 OF

	EIWIZED RECEIPTS			or each category of the Detailed Summary Page	X	11a			11b		11c		12					
				Jotalieu Julilliary Faye		13		-	14		15		16	17				
	y information copied from such Reports and St for commercial purposes, other than using the																	
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmi	ttee														
A.	Full Name of Individual (Last, First, Middle Initi Wilson, Paula, L., ,	ial) or Full C	Orgai	nization Name		Date of Receipt												
	Mailing Address 31930 Daniel Way					<sup>™</sup> 03		/		31 D	/ Y		) 21	Y				
	City	State CA		Zip Code		Transaction ID : PR436873524982												
	Temecula			92591-2129	/	Amou	int c	of I	Eac	h Re	ceipt th	nis P	Period					
FEC ID number of contributing federal political committee.					85.00													
Name of Employer (for Individual)OcPaula Wilson, Inc.Bit				ion (for Individual)	Memo Item													
	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		-	255.00	]   P	/R De	educ	ctio	on (\$	\$85.0	0 Mont	hly)						
В.	Full Name of Individual (Last, First, Middle Initi Goldmann, Donald, W., ,	ial) or Full C	Orgai	nization Name		Date	of F	Red	ceip	,t								
	Mailing Address 5245 Vista Blvd. #F3 Suite 266					03 / D D / Y Y Y Y 2021												
	City	State		Zip Code		Trar	isac	ctic	on I	D : P	R4368	9812	4982	_				
	Sparks	NV		89436-0839		Amou	int c	of I	Eac	h Re	ceipt th	nis P	Period					
	FEC ID number of contributing federal political committee.						,		-9-	_	25.	00						
	Name of Employer (for Individual) Dental Health Services of America, INC	Occ Ret		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2125.00	Р	/R De	educ	tio	on (\$	25.0	0 Montl	nly)						
С.	Full Name of Individual (Last, First, Middle Initi Daugherty, Cathy, M., ,	ial) or Full C	Orgai	nization Name		Date	of F	Red	ceip	,t								
	Mailing Address 1500 Quail St Ste 570					<sup>™</sup> 03		/		31	/ Y		)21	Y				
	City	State		Zip Code		Tra	nsa	cti	ion I	D : P	R4369	1082	24982					
	Newport Beach	CA		92660-2752		Amou	int c	of I	Eac	h Re	ceipt th	is P	Period					
	FEC ID number of contributing federal political committee.	С							<u>y</u>	_	y	_	25.	00				
	Name of Employer (for Individual) Bridgeport Benefits	Occ Part	•	ion (for Individual)	Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ır-to-Date ▼ 280.00	I P	/R De	educ	ctic	on (\$	\$25.0	0 Mont	hly)						
s	UBTOTAL of Receipts This Page (optional)				.								135.(	00				
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)												
			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12												
	y information copied from such Reports and Sta for commercial purposes, other than using the r															
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Initia Booth, Tonya, S., ,	al) or Full Or	ganization Name	Date of Receipt												
	Mailing Address 275 W. Campbell Road Suite 215 - LB 16			03 31 2021												
	City Richardson	State TX	Zip Code 75080-8001	Transaction ID : PR436911024982 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		125.00												
	Name of Employer (for Individual) Upshaw Insurance Agency	Occu Brok	pation (for Individual) er	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$100.00 Monthly)												
в.	Full Name of Individual (Last, First, Middle Initia Stenger, James, R., , Mailing Address 8926 Crown Colony Boulevard	al) or Full Or	ganization Name	Date of Receipt												
	City	State	Zip Code	03 31 2021 Transaction ID : PR436939924982												
	Fort Myers	FL	33908-5627	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual)	Occu Brok	upation (for Individual) ter	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)												
с.	Full Name of Individual (Last, First, Middle Initia Seifert, Gregory, J., ,	al) or Full Or	rganization Name	Date of Receipt												
	Mailing Address 3311 NE 115th St.			M M / D D / Y Y Y Y 03 31 2021												
	City Vancouver	State WA	Zip Code 98686-3945	Transaction ID : PR436941624982           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual)	Occu Broke	pation (for Individual) er	Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 305.00	P/R Deduction (\$85.00 Monthly)												
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)										
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			13     14     15     16     17       berson for the purpose of soliciting contributions     re to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle A. Hill, Donna, D., FLMI,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2905 Premiere Parkway Suite 285			03 / D D / Y Y Y Y 03 31 2021										
City Duluth	State GA	Zip Code 30097-5246	Transaction ID : PR436972124982 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer (for Individual) E2E Benefits Services Inc	Occ Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$25.00 Monthly)										
Full Name of Individual (Last, First, Middle B. Golm, Robert, C, ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 117 S Main Street, Ste. 1			03 / D D / Y Y Y Y 03 31 2021										
City Wayland	State MI	Zip Code 49348-1288	Transaction ID : PR436976024982 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer (for Individual) Golm Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.00	P/R Deduction (\$15.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Parker, John, C., RHU, LTCP,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 38 Hope St Unit 1312 City	State	Zip Code	03 31 2021 Transaction ID : PR436986824982										
Niantic	CT	06357-2454	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		125.00										
Name of Employer (for Individual) Parker Agency	Occ Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$100.00 Monthly)										
SUBTOTAL of Receipts This Page (optiona	l)		165.00										
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Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I LIVILLU KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       berson for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mic A. Kennedy, Tamara, P., ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9414 E Sera Bria			03 / D D / Y Y Y Y 03 31 2021									
City Scottsdale	State AZ	Zip Code 85255-6054	Transaction ID : PR437000124982 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) Rogers Benefit Group, Inc.	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$25.00 Monthly)									
Full Name of Individual (Last, First, Mic B. Fristoe, Kelly, Don, LUTCF, SC	Idle Initial) or Full O GS,	rganization Name	Date of Receipt									
Mailing Address PO Box 4789			03 31 2021									
City _Wichita Falls	State TX	Zip Code 76308-0789	Transaction ID : PR437002324982 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Financial Partners	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Mic C. Thorn, Ryan, P., ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 10342 South Springcre	1		03 / D D / Y Y Y Y 2021									
City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004024982           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occi Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$40.00 Monthly)									
SUBTOTAL of Receipts This Page (optio	nal)		95.00									
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### SCHEDULE A (FEC Form 3X) EMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

13       14       15       16         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for such committee.       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 3660 S Geyer Rd       5127-1223         Saint Louis       State       Zip Code         FEC ID number of contributing federal political committee.       Mo         Name of Employer (for Individual)       Occupation (for Individual)       Broker         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$25.00 Monthly)	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	<b>✗</b> 11a ☐ 11b ☐ 11c ☐ 12									
sr for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME OF CONMITTEE (in Full)         Health Underwriters Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name          Ste 200         City         Samue of Individual (Last, First, Middle Initial) or Full Organization Name          Maling Address 3660 S Geyrer Rd         Site 200         City         Samue of Individual (Last, First, Middle Initial) or Full Organization Name         Agregate Vent-to-Date ▼         Primary       Operating         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Strage and Individual (Last, First, Middle Initial) or Full Organization Name         Agregate Vent-to-Date ▼         Primary       Operating Name         Maling Address 203 South 13th Street, Suite 1650         City       Initial Operating Provement         Incode       Neme of Individual (Last, First, Middle Initial) or Full Organization Name         AlbertS, Suzetta, E., .       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other												
Health Underwriters Political Action Committee         Full Name of Individual (Lest, First, Middle Initial) or Full Organization Name         Schmidt, Kenneth, L., CLU,RHU,RE,         Malling Address 3660 S Geyre Rd         Site 200         City         Station ID : PR437064124892         Amount of Each Receipt INitial Occupation (for Individual) Broker         PEC ID number of contributing         City         Soura Bendits         Primary General         Otter (specify) ▼         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name         Aggregate Year-to-Date ▼         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name         City         Mailing Address 233 South 13th Street, Suite 1650         City         Innodin         State         Zip Code         Name of Employer (for Individual)         Differ (specify) ▼         State         City         Mailing Address 5605 Stortow Court         State       Zip Code         Mailing Address 5605 Stortow Court         State       Zip Code         Mailing Address 5605 Stortow Court         State       Zip Code         Wareon </td <td>or for commercial purposes, other than usi</td> <td></td> <td></td>	or for commercial purposes, other than usi											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 3660 S Geyer Rd       Site 200         Site 200       State       Zip Code         Sommet of contributing federal political committee.       City       Amount of Each Receipt this Period         Precept For:       Control to function (for Individual)       Broker         Precept For:       Control to function (for Individual)       Print Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         State       Zip Code       Name of Engloyer (for Individual)       Print Name of Individual (Last, First, Middle Initial) or Full Organization Name       Print Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Gity       State       Zip Code       Name of Engloyer (for Individual)       Date of Receipt         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       03       31       2021         Maling Address 360 Storew Court Site 35       State       Zip Code       Inscret State       V       Print Name of Individual (Last, First, Middle Initial) or Full Organization Name       Print Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Maling Address												
Schmidt, Kenneth, L., CLU.RHU.RE,         Mailing Address 3660 S Geyer Rd         Site 200         City         Saint Louis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Octy         Mailing Address 233 South 13th Street, Suite 1650         City         City         Lincoln         Name of Individual)         Corperative.         City         Lincoln         Name of contributing federal political committee.         City         Lincoln         Neexplot for:         Other (specify)         Value         1025.00             Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name         City         Lincoln       NE         Beolet For:         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         PrR Deduction (\$100.00 Monthly)         F	Health Underwriters Politica	al Action Committee										
Sta 200       31       2021         Transaction ID : PR437004124862       Amount of Each Receipt this Period         FEC: ID number of contributing (ederal political committee.       C       Amount of Each Receipt this Period         Same of Employer (for Individual)       Occupation (for Individual)       PrR 25.00         Some Benefits       Aggrogate Year-to-Date ▼       PrR Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Gray, Michael, D., RHU,       Malling Address 233 South 13th Street, Suite 1650       Date of Receipt in 2021         City       1025.00       Transaction ID : PR437016724862         Amount of Each Receipt this Period       31       2021         Transaction ID : PR437016724862       Amount of Each Receipt this Period       2021         FeC: ID number of contributing federal political committee.       C       125.00       Pransaction ID : PR437076124862         Amount of Each Receipt tho:       NE       8508-2036       Pransaction ID : PR437016724862       Amount of Each Receipt this Period         FeC: ID number of contributing federal political committee.       C       125.00       PrR Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt this Period       31       2021		dle Initial) or Full Organization Name E,	Date of Receipt									
City       State       Zip Code       Transaction ID : PR437004124982         Saint Louis       MO       E3127-1223       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C	Mailing Address 3660 S Geyer Rd		- · ·									
Saint Louis       MO       63127-1223       Amount of Each Receipt this Period         FEC. ID number of contributing tederal political committee.       C       25.00         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$25.00 Monthly)         Somus Benefits       Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Gray, Michael, D., RHU,       Malling Address 233 South 13th Street, Suite 1650       Transaction ID : PR437016724982         City       State       Zip Code         Lincoln       State       Zip Code         Mame of Employer (for Individual)       Occupation (for Individual)       PR Deduction (\$100.00 Monthly)         The Harry A. Koch Co       Bocker       Primary         Primary       General       Occupation (for Individual)         Broker       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       P/R Deduction (\$24.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organiza	Ste 200		03 31 2021									
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer (for Individual) Sorus Banefis       Occupation (for Individual) Broker       Memo Item         Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Other (specify) ▼       Date of Receipt         Gray, Michael, D., RHU,       Malling Address 233 South 13th Street, Suite 1550       Zip Code       Date of Receipt         City       State       Zip Code       03       31       2021         Transaction ID: PR437016724862       Amount of Each Receipt this Period       125.00         Receipt For:       General       Occupation (for Individual)       Date of Receipt         Transaction ID: PR437016724862       Amount of Each Receipt this Period       125.00         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Alberts, Suzetta, E., .       Aggregate Year-to-Date ▼         Alberts, Suzetta, E., .       Malling Address 5605 Storrow Court       State       Zip Code         Waren       Mailing Address 5605 Storrow Court       Broker       33       2021         Transaction ID : PR437076712489			Transaction ID : PR437004124982									
tederal political committee.       25.00         Name of Employer (for Individual)       Broker         Receipt For:       Aggregate Year-to-Date ▼         City       State         Lincoln       State         Fee: ID number of contributing tederal political committee.       C         Prinary       General         City       State         Incoln       State         Precept For:       Aggregate Year-to-Date ▼         Prinary       General         City       State         Zip Code       Broker         Recept For:       C         Prinary       General         Other (specify)       C         Maing Address 5605 Storrow Court       Broker         Prescept For:       Aggregate Year-to-Date ▼         Prinary       General         Other (specify)       State         Xip Code       Maing Address 5605 Storrow Court         State       Zip Code         Maing Address 5605 Storrow Court       State         State       Zip Code         Maing Address 5605 Storrow Court       State         State       Zip Code         Maing Address 5605 Storow Court       State         S	Saint Louis	MO 63127-1223	Amount of Each Receipt this Period									
Sonus Benefits       Broker         Receipt For:       Other (specify) ▼         P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         City       State         Ditter (specify) ▼         PEC ID number of contributing (ederal political committee.         Name of Employer (for Individual)         There in the second committee.         Primary       General         Other (specify) ▼         FeC ID number of contributing (ederal political committee.         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         City       Warren         Mailing Address 5605 Storrow Court       Ste 53	0	C	25.00									
Preceipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Gray, Michael, D., RHU,       Mailing Address 233 South 13th Street, Suite 1650       Date of Receipt         City       State       Zip Code       B6508-2036         FEC ID number of contributing tederal political committee.       C       Tansaction ID: PR437016724982         Name of Employer (for Individual)       Broker       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Alberts, SL2etta, E., .       Date of Receipt         Mailing Address 5605 Storrow Court       Ste 535       City       Tansaction ID: PR43706124982         Waren       Mail Broker       Monto for Individual)       Preceipt For:       Prediver (for Individual)         Roceipt For:       C       Monto for Individual)       C       Monto for Individual)         Roceipt For:       Primary       General       Occupation (for Individual)			Memo Item									
Primary       General       Augustation       P/R Deduction (\$25.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Gray, Michael, D., RHU,       Mailing Address 233 South 13th Street, Suite 1650       Date of Receipt         City       State       Zip Code       Transaction ID : PR437016724982         Lincoln       Name of Employer (for Individual)       Decupation (for Individual)       Broker         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Decupation (for Individual)       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E.,       Mailing Address 5605 Storrow Court       State       Zip Code         Mailing Address 5605 Storrow Court       State       Zip Code       Memo Item         Mailing Address 5605 Storrow Court       G       Memo Item       109.00         C       Mailing Address 5605 Storrow Court       Mill Address 5605       109.00         Receipt For:       Primary       General       Occupation (for Individual)       Primary		Pageint For:										
Other (specify) →       1025.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Lincoln       NE       88508-2036         FEC ID number of contributing federal political committee.       C       125.00         Name of Employer (for Individual)       Occupation (for Individual)       Receipt For:         Primary       General       Oggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court       State         Ste 535       City       State       Zip Code         Mailing Address 5605 Storrow Court       Broker       Date of Receipt         Other (specify) ©       Mil       48092-6338       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation (for Individual)       Primary       Primary         Receipt For:       Primary       <		Ayyreyale rear-10-Dale V	P/R Deduction (\$25.00 Monthly)									
b. Gray, Michael, D., RHU,       Mailing Address 233 South 13th Street, Suite 1650       Date of Receipt         City       State       Zip Code         Lincoln       NE       68508-2036         FEC ID number of contributing       C       Item and the state         Mailing Address       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Preceipt For:         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court       State         State       Zip Code       Mailing Address         Mailing Address       State       Zip Code         Mailing Address       State       Zip Code         Mailing Address       State       Zip Code         Mailing Address       Mil       48092-6338         FEC ID number of contributing       C       Mae         General       Occupation (for Individual)       Individual)         C       Mae       109.00         Maren       Receipt For:       Primary       General         Other (specify)       Aggregate Year-t	Other (specify)	1025.00										
City       State       Zip Code         Lincoln       NE       68508-2036         FEC ID number of contributing federal political committee.       C       Transaction ID : PR437016724982         Name of Employer (for Individual) The Harry A. Koch Co       C       125.00         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mil 48092-6338         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Comprehensive Benefits, Inc.       State       Zip Code         Name of Employer (for Individual) Comprehensive Benefits, Inc.       Occupation (for Individual) Broker       Dacort Each Receipt this Period         Pirmary       General       Occupation (for Individual) Broker       P/R Deduction (\$84.00 Monthly)         SUBTOTAL of Receipts This Page (optional).       Aggregate Year-to-Date ▼       P/R Deduction (\$84.00 Monthly)	Full Name of Individual (Last, First, Mid B. Gray, Michael, D., RHU,	dle Initial) or Full Organization Name	Date of Receipt									
Lincoln       NE       68508-2036       Transaction ID : FR45/01/3462         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         The Harry A. Koch Co       Broker         Receipt For:       Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court       State         Ste 535       City       State         Warren       Mil       48092-6338         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Comprehensive Benefits, Inc.       Receipt For:         Primary       General       Other (specify)         SUBTOTAL of Receipts This Page (optional)	Mailing Address 233 South 13th Street, S	Suite 1650										
Lincoln       NE       68508-2036       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       125.00         Name of Employer (for Individual) The Harry A. Koch Co       Occupation (for Individual) Broker       Memo Item         Receipt For:  Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court Ste 535       State         City       State       Zip Code Mi       48092-6338         FEC ID number of contributing 	City	State Zip Code	Transaction ID : PR437016724982									
federal political committee.       125.00         Name of Employer (for Individual) The Harry A. Koch Co       Occupation (for Individual) Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court       Date of Receipt         Mailing Address 5605 Storrow Court       State       Zip Code         Warren       Mil       48092-6338         FEC ID number of contributing       C       109.00         If ederal political committee.       Doccupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)         Comprehensive Benefits, Inc.       Aggregate Year-to-Date ▼       P/R Deduction (\$84.00 Monthly)         SUBTOTAL of Receipts This Page (optional)       259.00       259.00	Lincoln	NE 68508-2036	Amount of Each Receipt this Period									
The Harry A. Koch Co       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Alberts, Suzetta, E., ,         Mailing Address 5605 Storrow Court         Ste 535         City         Warren         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Coccupation (for Individual)         Congregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         P/R Deduction (\$84.00 Monthly)       259.00	0	C	125.00									
Primary       General         Other (specify)       P/R Deduction (\$100.00 Monthly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Alberts, Suzetta, E., ,       Mailing Address 5605 Storrow Court       Date of Receipt         Ste 535       State       Zip Code         Waren       Mil       48092-6338         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Comprehensive Benefits, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       277.00			Memo Item									
Alberts, Suzetta, É., ,       Date of Receipt         Mailing Address 5605 Storrow Court       03 / 31 / 2021         Ste 535       State         City       State         Warren       Mil         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Comprehensive Benefits, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2777.00	Primary General		P/R Deduction (\$100.00 Monthly)									
Mailing Address 5605 Storrow Court         Ste 535         City         Warren         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Comprehensive Benefits, Inc.         Receipt For:         Primary         General         Other (specify)         SUBTOTAL of Receipts This Page (optional).		l dle Initial) or Full Organization Name										
City       State       Zip Code         Warren       MI       Zip Code         Warren       MI       Zip Code         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) Comprehensive Benefits, Inc.       Occupation (for Individual) Broker       Memo Item         Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$84.00 Monthly)         SUBTOTAL of Receipts This Page (optional).       259.00       259.00	Mailing Address 5605 Storrow Court		M = M / D = D / Y = Y = Y = Y									
FEC ID number of contributing federal political committee.       C       109.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Comprehensive Benefits, Inc.       Broker       Memo Item         Primary       General       277.00       P/R Deduction (\$84.00 Monthly)         SUBTOTAL of Receipts This Page (optional)		State Zip Code	Transaction ID : PR437076124982									
federal political committee.       109.00         Name of Employer (for Individual) Comprehensive Benefits, Inc.       Occupation (for Individual) Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       277.00         SUBTOTAL of Receipts This Page (optional)	Warren	MI 48092-6338	Amount of Each Receipt this Period									
Comprehensive Benefits, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       277.00	5	C	109.00									
Comprehensive Benefits, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       277.00         SUBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
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Primary     General       Other (specify)     277.00       SUBTOTAL of Receipts This Page (optional)	•	Aggregate Year-to-Date ▼										
		277.00	P/R Deduction (\$84.00 Monthly)									
	SUBTOTAL of Receipts This Page (option		259.00									

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

Any information copied from such Reports and Stat or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a						14		15	16	17				
NAME OF COMMITTEE (In Full)	on Com			10 501	icit cor										
> Health Underwriters Political Action		mittee													
Full Name of Individual (Last, First, Middle Initia Benton, Bruce, D., RHU, REBC,	l) or Full O	rganization Name			Date of Receipt										
Mailing Address 20300 Ventura Blvd Suite 200 City	State	Zip Code		03 31 2021 Transaction ID : PR437123024982											
Woodland Hills	CA	91364-0959	1	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			110.00											
Name of Employer (for Individual) Genesis Financial & Insurance Services	Occi Brol	upation (for Individ	ual)	1	Me	emo	) Ite	em							
Paggint For:	Aggregate	Year-to-Date ▼	280.00	P/	R Ded	uctic	on (	\$85.0	00 Montl	nly)					
Full Name of Individual (Last, First, Middle Initia . Griffey, Patricia, A., CSA, RHU,,	l) or Full O	rganization Name			Date of	Re	cei	pt							
Mailing Address 56294 Primrose Cir															
City Elkhart	State IN	Zip Code 46516-1509	A			-			3 <b>5324982</b> iis Period						
FEC ID number of contributing federal political committee.	С				,		-95	25.	00						
Name of Employer (for Individual) Page 1 Medicare	Occ Bro	upation (for Indivic	lual)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	425.00	P/	R Dedu	uctio	on (	\$25.0	0 Montł	nly)					
Full Name of Individual (Last, First, Middle Initia . Allard, Terry, , CEBS,	l) or Full O	rganization Name			Date of	Re	cei	pt							
Mailing Address 3000 A Street, Suite 400					<sup>M</sup> 03	1		31	/ Y	2021	Y				
City Anchorage	State AK	Zip Code 99503-4040					-			82324982					
FEC ID number of contributing federal political committee.	С				rmount	or	Ea	cn Re	ceipt tr	iis Period 275.	00				
Name of Employer (for Individual) Wilson Albers	Occi Brok	upation (for Individ er	ual)		Me	emo	o Ite	em							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	775.00	P	'R Ded	uctio	on	(\$250	.00 Mor	ithly)					
SUBTOTAL of Receipts This Page (optional)			····· •				9		,	410.	00				

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

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

(check only one)

PAGE 51 OF

	EMIZED RECEIPTS			Detailed Summary Page	×			-	1b		11c	12			
۸	v information conical from such Departs and Otal	omente -		at he held at used by any		13		14			15 Jioiting	16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	Health Underwriters Political Action	on Com	nmi	ttee											
Α.	Full Name of Individual (Last, First, Middle Initial Magnuson, Raymond, E., JD,CLU,ChF,	) or Full O	Orgar	nization Name		Date o	f Re	ece	ipt						
	Mailing Address 4337 E. 5th Street				03 / D D / Y Y Y Y 2021										
	City Tucson	State AZ		Zip Code 85711-2025								7324982			
				83711-2023	_ /	Amoun	t of	Ea	ach R	ec	eipt thi	s Perioc			
	FEC ID number of contributing federal political committee.	С						-	_		-	25	00		
	Name of Employer (for Individual) Magnuson and Associates	Occi Brol	•	ion (for Individual)		M	emo	o It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-7	610.00	P	/R Dec	uctio	on	(\$25.	00	Month	ly)			
в.	Full Name of Individual (Last, First, Middle Initial Garbina, James, S., ,	) or Full O	Orgar	nization Name		Date o	f Re	ece	ipt						
	Mailing Address 14010 FNB Pkwy Ste 300					м м 03	/	ſ	D D 31	1	/ Y	y y 2021	Y		
	City	State		Zip Code		Trans	acti	ion	ID : I	PR	43721	2224982			
	Omaha	NE		68154-5235	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				85.00									
	Name of Employer (for Individual) The Harry A. Koch Co	Occ Bro	•	ion (for Individual)		M	emo	o It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 255.00	P	/R Ded	uctio	on	(\$85.0	00	Month	ly)			
c.	Full Name of Individual (Last, First, Middle Initial Gussin, Craig, , CLU, LPRT,,	) or Full O	Orgar	nization Name		Date o	f Re	ece	ipt						
	Mailing Address 701 Palomar Airport Road #260					<sup>M</sup> 03	/	ľ	D D 31	1	/ Y	y 2021	Y		
	City	State		Zip Code		Trans	sact	ior	ו ID :	PF	R43721	602498	2		
	Carlsbad	CA		92011-1047	- /	Amoun	t of	Ea	ach R	ec	eipt thi	s Perioc			
	FEC ID number of contributing federal political committee.	С						,			9	25	00		
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occi Brok	•	ion (for Individual)		N	emc	o It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify)		-	325.00	P	/R Dec	lucti	on	(\$25.	.00	Month	ıly)			
s	UBTOTAL of Receipts This Page (optional)			•				1		ļ	9	135.	00		
Т	OTAL This Period (last page this line number on	ly)						-			-				

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17										
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
Health Underwriters Political A	Action Com	mittee											
Full Name of Individual (Last, First, Middle <b>A.</b> Cooper, Catherine, L., ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 39500 High Pointe Blvd., S	uite 400		03 31 2021										
City	State	Zip Code	Transaction ID : PR437218324982										
Novi	MI	48375-5517	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		137.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Health Alliance Administrators	Brol	ker	-										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			P/R Deduction (\$112.00 Monthly)										
Other (specify) <b>v</b>		661.00											
Full Name of Individual (Last, First, Middle <b>B.</b> Daubert, Jim, F., CLU,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address P.O. Box 67220	03 31 2021												
City	State	Zip Code	Transaction ID : PR437219624982										
Lincoln	NE	68506-7220	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		85.00										
Name of Employer (for Individual) First Concord Benefits Group	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼	_										
Primary General Other (specify) ▼		255.00	P/R Deduction (\$85.00 Monthly)										
Full Name of Individual (Last, First, Middle C. Rowe, Peter, L., CLU,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3033 N. Central Ave Suite 810			03 31 2021										
City	State	Zip Code	Transaction ID : PR437236924982										
Phoenix	AZ	85012-2804	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		195.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Arcwood Benefits Consulting, Inc.	Brok												
Receipt For:	Aggregate	Year-to-Date V											
Primary General		4005.00	P/R Deduction (\$170.00 Monthly)										
Other (specify)		1035.00	1										
SUBTOTAL of Receipts This Page (optional).			417.00										
TOTAL This Period (last page this line numb	er only)												

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
or for commercial purposes, oth	her than using the name and a		13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Health Underwriters	Full) S Political Action Com	mittee										
Full Name of Individual (Las Toups, Jennifer, L., , Mailing Address #1 Galleria	t, First, Middle Initial) or Full C Blvd, Suite 1122	rganization Name	Date of Receipt									
City	State	Zip Code	03 31 2021 Transaction ID : PR437270524982									
Metairie FEC ID number of contributi federal political committee.	ng C	70001-2092	Amount of Each Receipt this Period 85.00									
Name of Employer (for Indiv Humana	idual) Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)									
B. Summers, James, F.,		rganization Name	Date of Receipt									
Mailing Address 8420 West I	-		03 / D D / Y Y Y Y 2021									
City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281024982 Amount of Each Receipt this Period									
FEC ID number of contributi federal political committee.	ng C		125.00									
Name of Employer (for Indiv Senior Market Sales, Inc.	idual) Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 375.00	P/R Deduction (\$125.00 Monthly)									
Full Name of Individual (Las <b>Bell, Marie, D., FLMI</b> Mailing Address 701 4th Ave		rganization Name	Date of Receipt									
City	State	Zip Code	03 31 2021 Transaction ID : PR437323324982									
Minneapolis	MN	55415-1637	Amount of Each Receipt this Period									
FEC ID number of contributi federal political committee.	ng C		110.00									
Name of Employer (for Indiv DeRuyter-Bell, LLC	idual) Occ Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 320.00	P/R Deduction (\$85.00 Monthly)									
SUBTOTAL of Receipts This F	Page (optional)	•	320.00									
TOTAL This Period (last page	this line number only)	•										

Use separate schedule(s)

FOR LINE NUMBER:

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only										
			for each category of the Detailed Summary Page	×	11a		11b		11c	12	·				
	y information copied from such Reports and St for commercial purposes, other than using the							of sol							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initi Stiffler, Patricia, , ,	al) or Full O	ganization Name		Date of	Re	eceipt								
	Mailing Address 155 N. Riverview Dr Suite 100				03	1	D 3'		/ Y	y y 2021	Y				
	City Anaheim	State CA	Zip Code 92808-1225							26124982 is Period					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Options in Insurance	Occu Brok	pation (for Individual) er		Me	emc	ltem								
	Receipt For: Primary General Other (specify) ▼	For: Aggregate Year-to-E mary General						5.00	Month	ıly)					
B.	Full Name of Individual (Last, First, Middle Initi Farrell, Jennifer, Liane, ,	al) or Full O	ganization Name		Date of	Re	eceipt								
	Mailing Address 3800 North Central Avenue 9th Floor	State	Zip Code		03 / 31 / 2021 Transaction ID : PR437358824982										
	City Phoenix	AZ	85012-1979				-			8824982 is Period					
	FEC ID number of contributing federal political committee.	С		25.00											
	Name of Employer (for Individual) Black, Gould & Associates	Occu Brok		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Dedu	uctio	on (\$2	5.00 I	Nonth	ly)					
	Full Name of Individual (Last, First, Middle Initi Pendergraft, Ross, W., ,	al) or Full O	ganization Name		Date of	Re	eceipt								
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300 City	State	Zip Code		03 Treese	/	3	1		2021					
	Woodland Hills	CA	91367-6476							3424982 is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		9	25.	00				
	Name of Employer (for Individual) Leavitt Group	Group Broker			Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	] [	P/R Ded	ucti	on (\$2	5.00	Month	nly)					
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			'	Detailed Summary Page		13		14	- H	_	15	$\vdash$	16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the									soli	iciting		ntribut	ions			
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee													
	Full Name of Individual (Last, First, Middle Initia Cramer, Valerie, Lynn, RHU,	al) or Full O	Drga	nization Name		Date of Receipt											
	Mailing Address 2701 Burgen Ct. NE					м м 03	/		31	<i>'</i>	/ Y		)21	Y			
	City Grand Rapids	State MI		Zip Code 49525-3979		Transaction ID : PR437416424982           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			125.00												
	Name of Employer (for Individual) HealthBridge	Occi Broł	•	tion (for Individual)		М	emc	o It	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 325.00	P	/R Ded	uctio	ion	(\$100	0.00	) Mont	hly)					
B.	Full Name of Individual (Last, First, Middle Initia Gant, Tom, , ,	al) or Full O	Drga	nization Name		Date o	f Re	ece	eipt								
	Mailing Address 100 North Weinbach Avenue				03 / D D / Y Y Y Y Y 2021												
	City Evansville	State IN		Zip Code 47711-6006	Transaction ID : PR437475924982           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	25.00														
	Name of Employer (for Individual) Schultheis Life & Health Agency	Occ Age	•	tion (for Individual)		М	emc	o It	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 401.00	P	/R Ded	uctio	on	(\$25.0	00 1	Month	ly)					
	Full Name of Individual (Last, First, Middle Initian Rider, Susan, M., MS, REBC,,	al) or Full O	Drga	nization Name		Date o	f Re	ece	eipt								
	Mailing Address 803 Touralosa Dr			1		<sup>M</sup> 03	J.	l	D D D			20	1	Y			
	City Westfield	State IN		Zip Code 46074-7303		Trans Amoun			n ID :								
	FEC ID number of contributing federal political committee.	С	i			Amoun		⊑e		ece	, pt trii	5 F	25.0	0			
	Name of Employer (for Individual) Preventia Group, LLC	Occu Brok	•	tion (for Individual)		М	emo	o It	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 280.00	P	/R Dec	lucti	ion	(\$25.	.00	Month	ıly)					
SI	JBTOTAL of Receipts This Page (optional)			••••••	.						,		175.0	0			
т	OTAL This Period (last page this line number o	nly)			-			,			- <b>J</b>						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12				
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	y information copied from such Reports and St for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)	lion Com	voitto o											
	Health Underwriters Political Act	tion Com	mittee											
۹.	Full Name of Individual (Last, First, Middle Initi Stedt, Margaret, Evelyn, C.S.A., LP,	ial) or Full C	rganization Name		Date of	f Re	eceipt							
	Mailing Address 486 Calle Amigo				03 / D D / Y Y Y Y 2021									
	City	State CA	Zip Code		Trans	acti	ion ID	: PF	<b>₹43752</b>	9924982				
	San Clemente		92673-3003	A	mount	t of	Each	Rec	eipt thi	is Period				
	FEC ID number of contributing federal political committee.	С		125.00										
	Name of Employer (for Individual) Stedt Insurance Services	Occ Brol	upation (for Individual) ker		M	emo	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	, .gg. oguto		P/	'R Ded	uctio	on (\$10	00.0	0 Mont	thly)				
	Other (specify) <b>v</b>		425.00											
В.	Full Name of Individual (Last, First, Middle Initi Barrera, Rolando, G., ,	ial) or Full C	rganization Name		Date of	f Re	eceipt							
	Mailing Address 101 N Shoreline Blvd Suite 410				м м 03	/	D 31		/ Y	y y 2021	Y			
	City	State	Zip Code		Trans	acti	on ID	: PF	143756	1224982				
	Corpus Christi	TX	78401-2825	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-	_	-	25.	00			
	Name of Employer (for Individual) Roland Barrera Insurance	Occ Age	upation (for Individual) ent		Memo Item									
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	00 0		P/	R Ded	uctio	on (\$25	5.00	Month	ly)				
	Other (specify)	<u> </u>	280.00											
с.	Full Name of Individual (Last, First, Middle Initi Reents, Joni, Robin, ,	ial) or Full C	rganization Name		Date of	f Re	eceipt							
	Mailing Address 10701 Melody Drive Suite 320				<sup>M</sup> 03	1	D 3′		/ Y	2021	Y			
	City	State	Zip Code		Trans	sacti	ion ID	: PF	243756	64424982				
	Northglenn	CO	80234-4122	A	mount	t of	Each	Rec	eipt thi	is Period				
	FEC ID number of contributing federal political committee.	С					,	_	9	25.	00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	-	М	emo	ttem							
	Reents Insurance Agency	Brok												
	Receipt For:	Agareaate	Year-to-Date ▼											
	Primary General	55 - 5		P/	R Ded	luctio	on (\$2	5.00	) Month	nly)				
	Other (specify)	L	280.00											
s	UBTOTAL of Receipts This Page (optional)			. [						175.	00			
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×			] 11k		11c		12				
An	y information copied from such Reports and S	tatements m	av n	ot be sold or used by any ne	erson f	13 or the	DUrr	14 0056		15 Dicitino		16 ntribut	17 ions			
or	for commercial purposes, other than using the	name and a	addre	ess of any political committee	e to sol	icit cor	ntrib	outio	ons fro	m such	1 CO	mmitte	e.			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	Health Underwriters Political Ac	tion Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle Init Robinson, Judith, L., ,	tial) or Full C	Orgai	nization Name		Date of Receipt										
	Mailing Address P O Box 10071					03 / D D / Y Y Y Y 2021										
	City	State		Zip Code		Transaction ID : PR437594124982										
	Tyler	ТХ		75711-0071	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			85.00											
	Name of Employer (for Individual) Judith Robinson Insurance Services, LL	Occ Bro		ion (for Individual)		M	emo	b Ite	em							
	Receipt For:	Aggregate	Yea	ır-to-Date ▼												
	Primary General Other (specify) ▼		-	255.00	P/	R Ded	uctio	on (	\$85.00	) Month	ıly)					
в.	Full Name of Individual (Last, First, Middle Ini Burns, Patrick, , CEBS,	tial) or Full C	Drgai	nization Name		Date of	Re	eceip	pt							
	Mailing Address 5653 Maxwelton Road					03 / D D / Y Y Y Y 2021										
	City	State		Zip Code		Trans	acti	ion l	ID : PI	R43760	052	4982				
	Oakland	CA		94618-2654	A	mount	of	Eac	ch Red	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						-	_	-9-	_	25.0	0			
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv		cupa oker	tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 535.00	P/	R Dedi	uctio	on (S	\$25.00	) Month	ıly)					
с.	Full Name of Individual (Last, First, Middle Inite Starks, Eugene, , ,	tial) or Full C	Drgai	nization Name		Date of	Re	eceip	pt							
	Mailing Address 1022 Highland Colony Parkwa Suite 202			I		<sup>M</sup> 03	/	L	31	/ Y	20	)21 <sup>°</sup>	Y			
	City Ridgeland	State MS		Zip Code 39157-2086						R4376						
		INIO	_	39137-2000	A	mount	of	Eac	ch Red	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					_	9		y	_	110.0	00			
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		М	emo	o Ite	em							
	Benefit Administration Services, Ltd.	Brok	ker	. ,												
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Other (specify)		-	380.00	P/	'R Ded	uctio	on (	(\$85.00	) Montł	ıly)					
s	UBTOTAL of Receipts This Page (optional)										-	220.0	0			
т	OTAL This Period (last page this line number	only)		·····				-								

### SCHEDULE A (FEC Form 3X) - . . . . .

Use separate schedule(s)

FOR LINE NUMBER:

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IT!	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1									
	y information copied from such Reports and St. for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initi Rasch, Tim, C., ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 19445 Westling Drive			03 / D D / Y Y Y Y Y 03 31 2021									
	City Oregon City	State OR	Zip Code 97045-6920	Transaction ID : PR437606224982 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		12.00									
	Name of Employer (for Individual) Consilium Benefit Advisors	Occi Brol	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 286.00	P/R Deduction (\$12.00 Monthly)									
в.	Full Name of Individual (Last, First, Middle Initi Potter, Terri, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 4514 Chamblee Dunwoody Roa Suite 279			03 31 2021									
	City Atlanta	State GA	Zip Code 30338-6272	Transaction ID : PR437608424982 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) Georgia Health Insurance, Inc.	Occ Age	upation (for Individual) nt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)									
с.	Full Name of Individual (Last, First, Middle Initi Strouse, Marcie, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9854 Colby Ave			03 / D D / Y Y Y Y Y 2021									
	City Clive	State IA	Zip Code 50325-6422	Transaction ID : PR437683124982           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer (for Individual) Capitol Benefits Group	Occi Brok	upation (for Individual) er	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)			122.00									
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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements mathematic here and a	ay not be sold or used by any p ddress of any political committe	13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee							
Full Name of Individual (Last, First, Middle <b>A.</b> Granado, Arthur, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 418 Peoples, # 505			M M / D D / Y Y Y Y 03 31 2021						
City Corpus Christi	State TX	Zip Code 78401-2350	Transaction ID : PR437693224982 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) The Granado Group	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Gaunya, Mark, , GBA,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address One Griffin Brook Dr.	State	Zip Code	03 31 2021						
Methuen	MA	01844-1865	Transaction ID : PR437698924982 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Borislow Insurance	Occ	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2025.00	P/R Deduction (\$25.00 Monthly)						
Full Name of Individual (Last, First, Middle C. Webb, Yolanda, Marie, CHRS,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6117 Clover Ct.			M M / D D / Y Y Y Y 03 31 2021						
City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705624982           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		110.00						
Name of Employer (for Individual) Webb Insurance Solutions	Occi Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (optional).		,	220.00						

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	y information copied from such Reports and St for commercial purposes, other than using the			erson for					citing			17 s	
$\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
<u> </u>	Full Name of Individual (Last, First, Middle Init Kirsch, Cara, , ,	ial) or Full Oi	rganization Name	Da	te of	Re	ceipt						
	Mailing Address 10050 Regency Circle Ste 300			M	03 <sup>M</sup>	/	D 31		Y	y y 2021	Y		
	City Omaha	State NE	Zip Code 68114-3721							<b>112498</b> s Perio			
	FEC ID number of contributing federal political committee.	С					,		-	85	5.00		
	Name of Employer (for Individual) Gallagher		ipation (for Individual) President		Me	mo	ltem						
	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00					ictic	on (\$85	5.00 N	/onth	ly)			
B.	Full Name of Individual (Last, First, Middle Init Lee, Philip, W., ,	ial) or Full O	rganization Name	Da	te of	Re	ceipt						
	Mailing Address 3515 Oliver Court	State	Zip Code	M	03	/	31		Y	2021	Y		
	City Lafayette	CA	94549-5009							392498			
	FEC ID number of contributing federal political committee.							Amount of Each Receipt this Period					
	Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		upation (for Individual) sident		Me	mo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	P/R Deduction (\$25.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initi Rianhard, Dane, , ,	ial) or Full Oi	rganization Name	Da	te of	Re	ceipt						
	Mailing Address 1 E. Pratt St., Unit 902	01-11-	7.0.04		03 <sup>M</sup>	/	31			2021	_		
	City Baltimore	State MD	Zip Code 21202-1193							842498 s Perio			
	FEC ID number of contributing federal political committee.	С					, .		9	25	5.00		
	Name of Employer (for Individual) TriBridge Partners, LLC	idge Partners, LLC Broker				mo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 592.00	P/R	Dedu	ictic	on (\$25	5.00 N	/lonth	ıly)			
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Any or fo	information conied from such Departs and Stat								
	or commercial purposes, other than using the na	ements may ame and ad	not be sold or used by any pe dress of any political committee	13     14     15     16     1       erson for the purpose of soliciting contributions to solicit contributions from such committee.					
\	IAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comr	nittee						
	full Name of Individual (Last, First, Middle Initial Cade, Kareim, R., ,	) or Full Org	ganization Name	Date of Receipt					
N	Nailing Address 28411 Northwestern Hwy., Ste 9	50		03 / D D / Y Y Y Y Y 03 31 2021					
	City Southfield	State MI	Zip Code 48034-5515	Transaction ID : PR437778624982 Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	С		85.00					
G	lame of Employer (for Individual) Great Lakes Benefit Group	Occup Broke	pation (for Individual) Pr	Memo Item					
F	Receipt For: Primary General Other (specify) ▼	′ear-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)						
	ull Name of Individual (Last, First, Middle Initial Schell, Gregory, J., ,	) or Full Org	ganization Name	Date of Receipt					
N	Aailing Address 545 South Third Street Suite 300			03 / D D / Y Y Y Y Y 2021					
	City _ouisville	State KY	Zip Code 40202-1936	Transaction ID : PR437797624982 Amount of Each Receipt this Period					
F	EC ID number of contributing ederal political committee.	С		85.00					
	Name of Employer (for Individual) Sterling Thompson Company	Occup Broke	pation (for Individual) er	Memo Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)					
	Full Name of Individual (Last, First, Middle Initial Burett, Raymond, , ,	) or Full Org	ganization Name	Date of Receipt					
_	Aailing Address 30 Broad Street 35th Floor	Otata	7:0.0	M M / D D / Y Y Y Y 03 / 31 2021					
	City New York	State NY	Zip Code 10004-2952	Transaction ID : PR437814724982           Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	С		25.00					
E	Jame of Employer (for Individual) Brio Benefit Consulting	Occup Broke	pation (for Individual) r	Memo Item					
F	Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ 1025.00	P/R Deduction (\$25.00 Monthly)					
	BTOTAL of Receipts This Page (optional)		•	195.00					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 62 OF

т	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	or or	ne)			
11	EIVILLED RECEIPIO		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\rangle$	Health Underwriters Political Ac	tion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Init Hogeland, Charlene, M., ,	tial) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address 3800 N Central Ave Ninth Floor				03	/	31	) / Y	2021	Y
	City Phoenix	State AZ	Zip Code 85012-1979						46624982 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				25.0	00
	Name of Employer (for Individual) Black, Gould & Associates	Occu Sale	upation (for Individual) es		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼						on (\$25	.00 Mont	hly)	
в.	Full Name of Individual (Last, First, Middle Init Scholz, Paul, J., ,	tial) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address 4221 N 203rd St Ste 200				03	1	31		y y 2021	Y
	City Elkhorn	State NE	Zip Code 68022-3474						73224982 nis Period	
	FEC ID number of contributing federal political committee.	С							25.0	00
	Name of Employer (for Individual) OCI Insurance & Financial Services	Occi Brol	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280,00	] P	9/R Dedu	uctic	on (\$25.	00 Montl	hly)	
С.	Full Name of Individual (Last, First, Middle Ini Waltman, Jessica, , ,	tial) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address 10 Doyle Road				03	/	31	) / Y	y y 2021	Y
	City Wayne	State PA	Zip Code 19087-3903						00124982 nis Period	
	FEC ID number of contributing federal political committee.	С					,	, ,	85.0	00
	Name of Employer (for Individual) Forward Health Consulting	ealth Consulting Principal			Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	] [	P/R Ded	uctio	on (\$85	.00 Mont	hly)	
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	135.0	00
т	OTAL This Period (last page this line number	only)		•			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee							
Full Name of Individual (Last, First, Middl A. Stevens, Kenneth, W., ,	e Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 4916 Bellemeade Ave			03 / D D / Y Y Y Y 2021						
City Evansville	State IN	Zip Code 47715-4130	Transaction ID : PR496323824982 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Stevens Insurance Advisors		upation (for Individual) ependent Agent & Broker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Middl B. Wayt, Andrew, , ,	e Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 747 Winslow Ave			03 / D D / Y Y Y Y 03 31 2021						
City Saint Paul	State MN	Zip Code 55107-3349	Transaction ID : PR528187224982 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) IFC National Marketing		upation (for Individual) ducer Consultant	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)						
Full Name of Individual (Last, First, Middl C. Nichols, Thomas, L., ,	e Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 2888 Shadowlake Dr			03 / D D / Y Y Y Y 2021						
City Oklahoma City	State OK	Zip Code 73159	Transaction ID : PR840269924982 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Colonial Life		upation (for Individual) rict General Manager	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (optional	l)		255.00						
TOTAL This Period (last page this line num	ber only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

		Use separate schedule(s)	(check of	only one)							
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	× 11a	a	11b	11c	F	12 16	17		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and a	I ay not be sold or used by any p ddress of any political committed	erson for tl	ne pu contr	irpose d	of soliciti	ng c ich d	ontributi	ions		
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee									
Full Name of Individual (Last, First, Middle Morgan, Christian, D., ,	Initial) or Full C	rganization Name	Date	of F	leceipt						
Mailing Address 2200 W Commercial Blvd Ste 306			M 0		/ D 3			y y 2021	Y		
City Fort Lauderdale	State FL	Zip Code 33309-3064				: PR891 Receipt					
FEC ID number of contributing federal political committee.	С							170.0	0		
Name of Employer (for Individual) Morgan Fidelity Associates, Inc.	Occ CEC	upation (for Individual) D		Men	no Item						
Receipt For: Primary General Other (specify)	neral Aggregate Year-to-Date ▼ 510.00					70.00 M	onth	ly)			
Full Name of Individual (Last, First, Middle <b>3.</b>	Initial) or Full C	rganization Name	Date	of F	Receipt						
Mailing Address			M	М	/ D	D /	Y	YY	Y		
City	State	Zip Code	Amo	unt c	f Each	Receipt	this	Period	_		
FEC ID number of contributing federal political committee.	°										
Name of Employer (for Individual)	Occ	upation (for Individual)		Men	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]								
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	Date	of F	Receipt						
Mailing Address			M		/	D /	Y	YY	Y		
City	State	Zip Code	Amo		f Each	Receipt	this	Period	_		
FEC ID number of contributing federal political committee.	С				, Lacin	, inconstruction		T Chod			
Name of Employer (for Individual)	Occ	upation (for Individual)		Men	no Item						
Receipt For: Primary General Other (specify)		Year-to-Date V	]								
SUBTOTAL of Receipts This Page (optional).								170.0	0		
TOTAL This Period (last page this line number	er only)	······			-			19740.6	57		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 65 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS	MIZED RECEIPTS for each category of the Detailed Summary Page		11a 11b 11c 12 13 14 15 ¥ 16 117	7						
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Virginia Leadership PAC	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 BISHOPS COURT			03 11 2021							
City FALLS CHURCH	State VA	Zip Code 22046	Transaction ID : 15565738 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0378356	5000.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	Refund of Contribution							
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V								
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V								
SUBTOTAL of Receipts This Page (optional)			5000.00							
TOTAL This Period (last page this line numb	per only)		5000.00							

SCHEDULE B (FEC Form 3X)			FOR LINE	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may i me and addi	not be sold or used ress of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		:		
Health Underwriters Political Actio		illee		
Full Name (Last, First, Middle Initial) A. PayPal				Date of Disbursement
Mailing Address 2211 North First Street				03 31 Y Y Y Y Y 2021
City San Jose	State CA	Zip Code 95131		FEC Identification Number
Purpose of Disbursement Monthly Fees	07	95131	001	C
Candidate Name			Category/ Type	Transaction ID : 15802268 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼		973.37 Monthly Fees
State: District:				Memo Item
Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate	ement For: Primary	General		
State: District:	Other (spec	city)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate	ement For: Primary	General		
State: District:	Other (spec	cify) 🔻		Memo Item
SUBTOTAL of Disbursements This Page (optional).			····· ►	973.37
TOTAL This Period (last page this line number only	/)		····· ►	973.37

	HEDULE B (FEC Form 3X)	Use sena	arate schedule(s)	FOR LINE I	-
11E	MIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b
	information copied from such Reports and State or commercial purposes, other than using the nat				
	IAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee		
	ull Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA	L CAMP		<i>I</i> ITTEE	Date of Disbursement
N	Nailing Address 430 SOUTH CAPITOL STREET, S	SE			03 01 2021
V	VASHINGTON	State DC	Zip Code 20003		FEC Identification Number
	Purpose of Disbursement 2021 Membership Dues			011	C C00000935 Transaction ID : 15560536
C	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
C	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼		2021 Membership Dues Memo Item
	State: District:				Memo nem
<b>B.</b>	Full Name (Last, First, Middle Initial)         DEMOCRATIC SENATORIAL CA         Mailing Address       120 MARYLAND AVENUE NE	MPAIGN		E	Date of Disbursement
	Dity	State DC	Zip Code 20002		FEC Identification Number
	Purpose of Disbursement Yearly Membership Dues Candidate Name			011 Category/	C C00042366 Transaction ID : 15560537 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General Gify)	Туре	Yearly Membership Dues Memo Item
	ull Name (Last, First, Middle Initial)	RESSIO	NAL COMMI	TTEE	Date of Disbursement
N	Aailing Address 320 FIRST STREET				03 01 2021
V	VASHINGTON	State DC	Zip Code 20003		FEC Identification Number
	Purpose of Disbursement Yearly Membership Dues Candidate Name			011 Category/ Type	C C00075820 Transaction ID : 15560538 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		15000.00 Yearly Membership Dues Memo Item
	BTOTAL of Disbursements This Page (optional).				45000.00

SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 68 OF 85
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee		
Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN SENAT	ORIAL (	COMMITTEE		Date of Disbursement
Mailing Address 425 SECOND STREET NE		1		03 01 2021
City WASHINGTON	State DC	Zip Code 20002		FEC Identification Number
Purpose of Disbursement Yearly Membership Dues Candidate Name		[	011	C C00027466 Transaction ID : 15560540
	ment For:		Category/ Type	Amount of Each Disbursement this Period 15000.00
Senate       President	Primary Other (spec	General cify) ▼		Yearly Membership Dues
State:       District:         Full Name (Last, First, Middle Initial)         B.       BLUE DOG POLITICAL ACTION         Mailing Address       P.O. BOX 83142	COMMIT	TEE		Date of Disbursement
City GAITHERSBURG	State MD	Zip Code 20883		FEC Identification Number
Purpose of Disbursement Yearly Membership Dues Candidate Name		[	011 Category/ Type	C C00305318 Transaction ID : 15560542 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General Cify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00 Yearly Membership Dues Memo Item
Full Name (Last, First, Middle Initial) C. NEW DEMOCRAT COALITION POLITICAL A		IMITTEE AKA ND	OC PAC	Date of Disbursement
Mailing Address 700 13TH STREET, NW				03 01 2021
City WASHINGTON	State DC	Zip Code 20005		FEC Identification Number
Purpose of Disbursement Yearly Membership Dues Candidate Name		[	011 Category/ Type	C C00409730 Transaction ID : 15560543 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		5000.00 Yearly Membership Dues Memo Item
SUBTOTAL of Disbursements This Page (optional).				25000.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 69 OF 85
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Health Underwriters Political Actio	on Comm	nittee		
Full Name (Last, First, Middle Initial)  A. MODERATE DEMOCRATS PAC				Date of Disbursement
Mailing Address P.O. Box 70179				03 01 2021
City	State	Zip Code		FEC Identification Number
Washington Purpose of Disbursement	DC	20024		C C00436022
Yearly Membership Dues			011	Transaction ID : 15560544
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate	ement For: Primary	General		5000.00 Yearly Membership Dues
State: District:	Other (spe	ecify) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. Future Forum PAC				Date of Disbursement
Mailing Address PO BOX 83142				03 01 2021
City GAITHERSBURG	State MD	Zip Code 20883		FEC Identification Number
Purpose of Disbursement Yearly Membership Dues		20003	011	C C00625988
Candidate Name			Category/ Type	Transaction ID : 15560545 Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For: Primary	General	7,5-	5000.00 Yearly Membership Dues
State: District:	Other (spe	ouy)		Memo Item
Full Name (Last, First, Middle Initial) C. Equality PAC				Date of Disbursement
Mailing Address PO BOX 15337				03 / D D / Y Y Y Y 2021
City Washington	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement Yearly Membership Dues			011	C C00550970 Transaction ID : 15560546
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		71	5000.00
Senate President	Primary Other (spe	General ecify) ▼		Yearly Membership Dues
State: District:				
SUBTOTAL of Disbursements This Page (optional)			······ ►	15000.00
TOTAL This Period (last page this line number onl	y)		•••••	, ,

SCHEDULE B (FEC Form 3)	Use sena	arate schedule(s)	-	E NUMBER: PAGE 70 OF 85						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check or 211 283	22 🗶 23 🗌 26 🗌 27						
or for commercial purposes, other than using					rson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Actio	n Comm	ittee							
Full Name (Last, First, Middle Initial) A. CHC BOLD PAC	Date of Disbursement									
Mailing Address PO BOX 75357	03 01 2021									
City WASHINGTON		State DC	Zip Code 20013		FEC Identification Number C C00365536 Transaction ID : 15560550					
Purpose of Disbursement Yearly Membership Dues Candidate Name				011						
	Disburse	Category/ Type	Amount of Each Disbursement this Period 5000.00							
State: District:			Yearly Membership Dues Memo Item							
Full Name (Last, First, Middle Initial) B. REPUBLICAN MAINSTREE Mailing Address 1300 Pennsylvania Ave N	Date of Disbursement									
City Washington Purpose of Disbursement Yearly Membership Dues Candidate Name	State DC	Zip Code 20004	011 Category/ Type	FEC Identification Number C C00165159 Transaction ID : 15560551 Amount of Each Disbursement this Period						
Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spec	General cify)		5000.00 Yearly Membership Dues Memo Item					
Full Name (Last, First, Middle Initial) C. TUESDAY GROUP POLITIC	Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE									
	Mailing Address 209 Pennsylvania Avenue, SE									
City WASHINGTON Purpose of Disbursement Yearly Membership Dues Candidate Name		State DC	Zip Code 20003	011 Category/ Type	FEC Identification Number C C00433060 Transaction ID : 15560552 Amount of Each Disbursement this Period					
Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spec	General cify) ▼		S000.00 Yearly Membership Dues Memo Item					
SUBTOTAL of Disbursements This Page (o	ptional).			•••••	15000.00					
TOTAL This Period (last page this line num	ber only	′)								

SCHEDULE B (FEC Form 3X)	Use sen	Use separate schedule(s)		COR LINE NUMBER: PAGE 71 OF 85 check only one)						F 85					
ITEMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page			oniy 1b 8a	one) 22 28b	×	23 28c		26 29	27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee													
Full Name (Last, First, Middle Initial) A. House Conservatives Fund		Date of Disbursement													
Mailing Address 411 First Street SE	dress 411 First Street SE							03 01 2021							
City Washington Purpose of Disbursement	State DC					FEC Identification Number									
Yearly Membership Dues Candidate Name					]	C C00326439 Transaction ID : 15560553									
	ement For:			egory/ /pe		Amount of Each Disbursement this Period 5000.00						)			
Senate President	Senate     Primary     General       President     Other (specify) ▼						Yearly Membership Dues Memo Item								
State:     District:       Full Name (Last, First, Middle Initial)       B.     Maggie For Nh       Mailing Address     PO Box 298							Date of Disbursement								
City Concord Purpose of Disbursement virtual event 2/25	State NH	011			FEC Identification Number										
	Sought:     House     Disbursement For: 2022       X     Senate     Y       President     Other (specify)						Transaction ID : 15560554 Amount of Each Disbursement this Period 2500.00 virtual event 2/25 Memo Item								
Full Name (Last, First, Middle Initial) People For Patty Murray						Date of Disbursement									
Mailing Address PO Box 3662	Mailing Address PO Box 3662								03 01 2021						
City Seattle Purpose of Disbursement Virtual event 3/19 Candidate Name Murray, Patty, , Sen.,	Zip Code 98124	011 Category/ Type			FEC Identification Number C C00257642 Transaction ID : 15560555 Amount of Each Disbursement this Period										
Office Sought: House Disburse	bught:     House     Disbursement For: 2022       x     Senate     Primary     General       President     Other (specify)     ▼					2500.00 Virtual event 3/19 Memo Item									
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl						<u> </u>		,	-		10000.0	0			

S	CHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 72 OF 85									
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	(check only one)									
			Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b									
Ar	y information copied from such Reports and State	ments mav	not be sold or use											
	for commercial purposes, other than using the nar													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		:44.0.0											
	Health Underwriters Political Actio	n Comm	IITTEE											
Δ	Full Name (Last, First, Middle Initial)		Date of Disbursement											
,		yer For Congress												
	Mailing Address 700 13th Street Nw Suite 600			03 01 2021										
	City Washington	State DC	Zip Code 20005		FEC Identification Number									
	Washington Purpose of Disbursement	50		C C00140715										
	Virtual event 2/12		011	Transaction ID : 15560556										
	Candidate Name		Category/	Amount of Each Disbursement this Period										
	Hoyer, Steny, H., Rep., Office Sought: <b>x</b> House Disburse	ment For:	2022	Туре	2500.00									
	Office Sought: X House Disburse Senate X	Primary	2022 General											
	President	Other (spe			Virtual event 2/12 Memo Item									
	State: MD District: 05													
P	Full Name (Last, First, Middle Initial)				Date of Disbursement									
В.	Horsford For Congress													
	Mailing Address PO BOX 15096													
	City	State DC	Zip Code 20003		FEC Identification Number									
	WASHINGTON Purpose of Disbursement													
	Virtual event 2/23		011	C C00504613										
	Candidate Name		Category/	Transaction ID : 15560557 Amount of Each Disbursement this Period										
	Horsford, Steven, A., Rep.,	ford, Steven, A., Rep., Type												
		ment For: Primary	2022 General		1000.00									
	President	Other (spe			Virtual event 2/23									
	State: NV District: 04				Memo Item									
_	Full Name (Last, First, Middle Initial)													
C.	Pallone For Congress				Date of Disbursement									
	Mailing Address PO Box 3176	03 01 2021												
	City	State NJ	Zip Code 07740		FEC Identification Number									
	Long Branch Purpose of Disbursement													
	NJ Event on 3/23	C C00226928												
	Candidate Name	Transaction ID : 15560566 Amount of Each Disbursement this Period												
	Pallone, Frank, , Rep., Jr.													
	Sonato	ment For: ; Primary	2022 General		1000.00									
	President	Other (spe			NJ Event on 3/23									
	State: NJ District: 06													
s	UBTOTAL of Disbursements This Page (optional).				4500.00									
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SCHEDULE B (FEC Form 3X)	Use sep				NUMBER: PAGE 73 OF 85										
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			c only o 21b 28a	22 28b	×	23 28c		26 29	27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politic	ed by al com	any nmitt	persor	n for the solicit co	purp ntribi	ose o utions	of soli	citing of such	contributi committe	ons e.			
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comm	iittee													
Full Name (Last, First, Middle Initial) A. Vicky Hartzler For Congress						Date o	f Dis	burse	ment						
Mailing Address PO Box 531								03 / D1 / Y Y Y Y 2021							
City Harrisonville	State MO	Zip Code 64701				FEC Id				nber	-				
Purpose of Disbursement Candidate Name				11		Tra	ansa		ID : 1	<b>55605</b>	68 nt this P	eriod			
	ement For:	2022	Cate Ty	/pe	y'					,	1000.00	-			
Senate President State: MO District: 04	Other (spe					Ме	emo	ltem							
Full Name (Last, First, Middle Initial) B. Guthrie For Congress Mailing Address PO Box 9639						Date o	_	burse	D /		y y 2021	Y			
City Bowling Green Purpose of Disbursement	State Zip Code KY 42102		_	_		FEC Identification Number									
virtual event 2/12 Candidate Name Guthrie, Brett, , Rep., Office Sought:	ement For:	2022	011 Category/ Type		y/	Transaction ID : 15560570 Amount of Each Disbursement this Perio 1000.00									
	Primary Other (spe	General				Ме	emo			event	1.485				
Full Name (Last, First, Middle Initial) C. Kinzinger For Congress						Date o		burse	_	Y	YY	V			
Mailing Address PO Box 2365						03	ĺ	Q			2021				
City Ottawa Purpose of Disbursement event 2/17 Candidate Name	State IL	Zip Code 61350	Cate		y/		C00 ansa	4588 ction	77 ID : 1	55605	<b>72</b> nt this P	eriod			
Kinzinger, Adam, , Rep.,         Office Sought:       Image: House       Disburse         Senate       President       Image: March and the senate         State:       IL       District:       16	ement For: Primary Other (spe	General		ype		Me	emo		event	2/17	1000.00	)			
SUBTOTAL of Disbursements This Page (optional).					•	<u> </u>		,		-	3000.0	0			
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	for commercial purposes, other than using the nat																
$\backslash$	NAME OF COMMITTEE (In Full)																
	Health Underwriters Political Actio	n Comm															
Δ	Full Name (Last, First, Middle Initial)				Date of Disbursement												
Α.	Mchenry For Congress						M M / D D / Y Y Y Y										
	Mailing Address PO Box 2165		State Zip Code NC 28053						03 03 2021								
	City	State							FEC Identification Number								
	Gastonia Purpose of Disbursement	NC	28053	_		_	C C00393629										
	Cap Con 2021			0	)11		C			1		, D:1556	18/	2			
	Candidate Name				egor	y/	An								Period		
	McHenry, Patrick, Timothy, Rep., Office Sought: <b>x</b> House Disburse	ment For: 2	2022	Ţ	ype		Amount of Each Disbursement this Period										
	Office Sought: X House Disburse Senate X	1	2022 General				5000.00										
	President Other (specify)						Cap Con 2021 Memo Item										
	State: NC District: 10																
B.	Full Name (Last, First, Middle Initial)						Da	ato o	f Di	sburse	om	ont					
υ.	Sinema for Arizona																
	Mailing Address PO Box 7586					03 03 2021											
	City	State Zip Code AZ 85011						C Id	enti	ficatio	n	Number	r				
	Phoenix Purpose of Disbursement	AZ		C C00508804													
							Transaction ID : 15561843										
	Candidate Name				egor	y/	An					)isburse			Period		
	Sinema, Kyrsten, , , Office Sought: House Disburse	ment For:	2024	Ţ	ype									5000.0	0		
	x Senate		General					-		,	-		-				
	President	Other (spec	cify)					Me	emo	Item							
	State: AZ District:																
C.	Full Name (Last, First, Middle Initial) Friends Of Todd Young, Inc.						Da	ate o	f Di	sburse	em	nent					
							IV	1 M	/	D	D		Y	Y	Y		
	Mailing Address P.O. Box 3743							03		C	)3		2	021			
	City Carmel	State IN	Zip Code 46082				FE	C Id	enti	ficatio	n	Number	r				
	Purpose of Disbursement			_	_		С	;	C0(	04592	255	5					
	Cap Con 2021	n 2021 te Name			)11				ansa	action	ו ו	D : 1556	6184	4			
	Candidate Name Young, Todd, , Sen.,				egor ype	y/	Transaction ID : 15561844 Amount of Each Disbursement this Period										
							5000.00										
	× Senate	Primary	x General							1	С	ap Con	202	1			
	President District	Other (spec	cify) 🔻					Me	emo	Item							
	State: IN District:						_		_	_	_		_				
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SC	HEDULE B (FEC Form 3X)			F	OR L	NE	NUMBER: PAGE 75 OF 85						
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee										
	Full Name (Last, First, Middle Initial) Capito For West Virginia					Date of Disbursement							
	Mailing Address PO Box 11519		1				03 03 2021						
	City Charleston	State WV	Zip Code 25339				FEC Identification Number						
	Purpose of Disbursement Cap Con 2021			C	011		C C00539825 Transaction ID : 15561845						
	Candidate Name Capito, Shelley, , , Ms				egory ype	'	Amount of Each Disbursement this Period						
Office Sought:       House       Disbursement For: 2021         ▼       Senate       Primary       General         President       Other (specify) ▼							Cap Con 2021 Memo Item						
_	Full Name (Last, First, Middle Initial) Fred Keller for Congress		Date of Disbursement										
	Mailing Address 23 N Derr Drive Suite 2				03 03 2021								
	City Lewisburg Purpose of Disbursement	•											
	March 1st virtual Event Candidate Name			la de la compañía de	)11 egory		C C00697052 Transaction ID : 15561846 Amount of Each Disbursement this Period 1000.00 March 1st virtual Event Memo Item						
		ement For: 2 Primary Other (spec	General		ype								
	Full Name (Last, First, Middle Initial) Stivers For Congress						Date of Disbursement						
	Mailing Address 4679 Winterset Dr						03 03 2021						
	City Columbus	State OH	Zip Code 43220				FEC Identification Number						
	Purpose of Disbursement lunch on Feb 23rd Candidate Name Stivers, Steve, , Rep.,	on Feb 23rd ate Name					C C00441352 Transaction ID : 15561849 Amount of Each Disbursement this Period						
		ement For: 2 Primary Other (spec	General		уре		3000.00 Iunch on Feb 23rd Memo Item						
⊢	UBTOTAL of Disbursements This Page (optional).					_	9000.00						

SC	HEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 76 OF 85						
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on 21b 28a	ly one) 22 X 23 26 27						
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\square$	NAME OF COMMITTEE (In Full)										
	Health Underwriters Political Actio	n Comr	nittee								
	Full Name (Last, First, Middle Initial) Ron Estes For Congress				Date of Disbursement						
	Mailing Address 12224 E Bracken Ct				03 03 2021						
	City Wichita	State KS	Zip Code 67206		FEC Identification Number						
	Purpose of Disbursement Zoom Fundraiser - March 10th	110	07200	011	C C00632067						
	Candidate Name			Category/	Transaction ID : 15561850 Amount of Each Disbursement this Period						
	Estes, Ron, , , Office Sought: x House Disburse	ement For:	2022	Туре	1000.00						
	Senate President	1	General		Zoom Fundraiser - March 10th						
	State: KS District: 04		City) V		Memo Item						
	Full Name (Last, First, Middle Initial)										
в.	Young Kim for Congress				Date of Disbursement						
	Mailing Address PO Box 2186				03 03 2021						
	City Fullerton	FEC Identification Number									
	Purpose of Disbursement MARCH 25TH Zoom Event	CA	92837	011	С С00665638						
	Candidate Name			Category/	Transaction ID : 15561851 Amount of Each Disbursement this Period						
	Kim, Young, , ,			Туре							
		ment For: Primary	2022 General								
	State: CA District: 39	Other (spe			MARCH 25TH Zoom Event						
_	Full Name (Last, First, Middle Initial)				Date of Disbursement						
C.	Don Bacon For Congress										
	Mailing Address PO Box 391368				03 03 2021						
	City Omaha	State NE	Zip Code 68139		FEC Identification Number						
	Purpose of Disbursement		00100		C C00575167						
	March 3 Event Candidate Name			011	Transaction ID : 15561855						
	Bacon, Donald, , ,			Category/ Type	Amount of Each Disbursement this Period						
		ment For:			1000.00						
	President	Primary Other (spe	General		March 3 Event						
	State: NE District: 02		<i>,</i> , ,		Memo Item						
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	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE							
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	y information copied from such Reports and State for commercial purposes, other than using the na										
$\backslash$	NAME OF COMMITTEE (In Full)	0									
	Health Underwriters Political Action										
Α.	Full Name (Last, First, Middle Initial) Feenstra For Congress				Date of Disbursement						
	Mailing Address 641 2nd St				03 03 2021						
	City Hull	State IA	Zip Code		FEC Identification Number						
	Purpose of Disbursement March 11th Event	IA	51239	011	C						
	Candidate Name			Category/	Transaction ID : 15561856 Amount of Each Disbursement this Period						
	Feenstra, Randy, , ,			Туре							
	Office Sought:  House Disburse Senate President Disburse	ement For: 2 Primary Other (spe	General		1000.00 March 11th Event Memo Item						
	State: IA District: 04										
в.	Full Name (Last, First, Middle Initial) Cotton For Senate, Inc.				Date of Disbursement						
	Mailing Address 2226 Cottondale Ln Suite 200				03 03 2021						
	City Little Rock	State AR	Zip Code 72202		FEC Identification Number						
	Purpose of Disbursement March 24th			011	C C00499988 Transaction ID : 15561857						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Cotton, Tom, , Sen., Office Sought: House Disburse	ement For:	2021	Туре	1000.00						
		Primary	General		March 24th						
	State: AR District:	Other (spe	cify)		Memo Item						
C.	Full Name (Last, First, Middle Initial) David Scott For Congress				Date of Disbursement						
	Mailing Address P.O. Box 960821				03 / 16 / Y Y Y Y 2021						
	City Riverdale	State GA	Zip Code 30296		FEC Identification Number						
	Purpose of Disbursement March 15 Event Candidate Name			011	C C00369801 Transaction ID : 15568404						
	Scott, David, Albert, Rep.,			Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: K House Disburse	ement For:	2022		1000.00						
	State: CA District: 42	Primary Other (spe	General cify) ▼		March 15 Event Memo Item						
	State: GA District: 13										
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 78 OF 85					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full) Health Underwriters Political Actic	n Comm	ittee							
Full Name (Last, First, Middle Initial) A. Martin Heinrich For Senate				Date of Disbursement					
Mailing Address P.O. Box 25763				03 / D D / Y Y Y Y 2021					
City Albuquerque	State NM	Zip Code 87125		FEC Identification Number					
Purpose of Disbursement March 13 Event Candidate Name			011	C C00434563 Transaction ID : 15568405					
Heinrich, Martin, T., Sen.,	ement For:	2024	Category/ Type	Amount of Each Disbursement this Period 2500.00					
State: NM District:	Primary Other (spe	X General		March 13 Event Memo Item					
Full Name (Last, First, Middle Initial) B. Lou Correa For Congress Mailing Address 3230 ARENA BLVD STE 245-41	6			Date of Disbursement					
City SACRAMENTO Purpose of Disbursement	State CA	Zip Code 95834		FEC Identification Number					
March 20 Event Candidate Name Correa, J. Luis, , Rep., Office Sought: x House Disburse	ement For:	2022	011 Category/ Type	Transaction ID : 15568407 Amount of Each Disbursement this Period 1000.00					
State: CA District: 46	Primary Other (spe	General cify)		March 20 Event Memo Item					
Full Name (Last, First, Middle Initial) C. Sean Patrick Maloney For Congre	SS			Date of Disbursement					
Mailing Address PO Box 270				03 / D D / Y Y Y Y 16 2021					
City Newburgh	State NY	Zip Code 12550		FEC Identification Number					
Purpose of Disbursement March 15 Event Candidate Name Maloney, Sean, Patrick, Rep.,			011 Category/ Type	C C00512426 Transaction ID : 15568408 Amount of Each Disbursement this Period					
Office Sought: X House Disburse Senate President State: NY District: 18	ement For: Primary Other (spe	General		2500.00 March 15 Event Memo Item					
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				6000.00					

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 79 OF 85						
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee								
Full Name (Last, First, Middle Initial)										
A. Jeffries For Congress				Date of Disbursement						
Mailing Address 3430 Connecticut Avenue, Nw #1	1704			03 16 2021						
City Washington	State DC	Zip Code 20008		FEC Identification Number						
Purpose of Disbursement March 11 event			011	C C00503052 Transaction ID : 15568410						
Candidate Name Jeffries, Hakeem, , Rep.,			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: X House Disburs Senate President	ement For: Primary Other (spe	General		2500.00 March 11 event Memo Item						
State: NY District: 08 Full Name (Last, First, Middle Initial)										
B. Chrissy Houlahan For Congress Mailing Address PO Box 222				Date of Disbursement						
City	State	Zip Code		FEC Identification Number						
Devon Purpose of Disbursement March 19 Event	PA	19333	011	C C00637371						
Candidate Name			Category/	Transaction ID : 15568411 Amount of Each Disbursement this Period						
Houlahan, Chrissy, , , Office Sought: Senate President State: PA District: 06	ement For: Primary Other (spe	General	Туре	1000.00 March 19 Event Memo Item						
Full Name (Last, First, Middle Initial) C. Friends Of John Barrasso				Date of Disbursement						
Mailing Address PO Box 52008				03 / D D / Y Y Y Y 16 2021						
City Casper	State WY	Zip Code 82605		FEC Identification Number						
Purpose of Disbursement Event March 11 Candidate Name Barrasso, John, A., Sen., MD			011 Category/	C C00436386 Transaction ID : 15568415 Amount of Each Disbursement this Period						
	ement For: Primary Other (spe	General	Туре	Event March 11 Memo Item						
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$\backslash$	NAME OF COMMITTEE (In Full)	•														
	Health Underwriters Political Action	n Comm	littee													
Α.	Full Name (Last, First, Middle Initial) Bilirakis For Congress				Date of Disbursement											
	Mailing Address PO Box 606						03 / D D / Y Y Y Y 03 17 2021									
	City Tarpon Springs	State FL	Zip Code 34688				FEC Identification Number C C00408534 Transaction ID : 15568653									
	Purpose of Disbursement 3/21 Spring Training Baseball			0	11	1										
	Candidate Name Bilirakis, Gus, M., Rep.,				egory/ /pe	′							3 t this Pe	eriod		
	Office Sought: X House Disburse	rsement For: 2022					1000.00									
	State: FL District: 12	Other (spe					Ме	mo	Item	3/21	l Spri	ng Tr	aining E	Baseball		
_	Full Name (Last, First, Middle Initial)															
В.	RELY ON YOUR BELIEFS FUND						Date of	r Dis	sburse			Y Y	• Y • )			
	Mailing Address 209 Pennsylvania Avenue SE			03 17 2021												
	City Washington	State DC		FEC ld	enti	ficatio	n N	umbe	r							
	Purpose of Disbursement			C C00344648												
	Candidate Name	O11 Category/					Transaction ID: 15568654 Amount of Each Disbursement this Period							eriod		
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	Office Sought: House Disburse Senate	ment For: Primary	General				L.		<b>y</b>	-	-9-		5000.00	_		
	State: District:	Other (spe	cify)				Me	mo	Item							
	Full Name (Last, First, Middle Initial)						Date of	f Dis	shurse	eme	nt					
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	Mailing Address 5132 N Palm Ave #227						03	1	1	7		2	021			
	City Fresno	State CA	Zip Code 93704				FEC Id	enti	ficatio	n N	umbe	r	_			
	Purpose of Disbursement Mach 25 Event			0	11		С	C00	04993	92						
	Candidate Name				egory/	,			action Each				<b>5</b> t this Pe	eriod		
	Valadao, David, G., Rep.,				/pe											
		ment For: ; Primary	2022 General				L.		,		-	1	1000.00	,		
	President	Other (spe					Me	mo	Item	Ma	ch 25	Ever	nt			
	State: CA District: 21							_	_	_		_	_	_		
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$\backslash$	NAME OF COMMITTEE (In Full)	•	•••											
	Health Underwriters Political Action	n Commi	ittee											
Α.	Full Name (Last, First, Middle Initial) Morgan Griffith For Congress						Date of	f Disburs	eme	nt				
	Mailing Address PO Box 361						03		23	/ Y	2021			
	City Christiansburg	State VA	Zip Code 24068				FEC Id	entificatio	on N	umber				
	Purpose of Disbursement Virtual Fundraiser on Tuesday, March 30th			0	11	1	C_	C004772	-					
	Candidate Name Griffith, Morgan, H., Rep.,		I		egory/ /pe			<b>t</b> of Each			1125 ment this Period			
	Office Sought: X House Disburse	ment For: 2			/pc					-9-	1000.00			
	State: VA District: 09	Primary Other (spec	General cify) ▼				Ме	mo Item	Virt Mai	ual Fu rch 30t	ndraiser on Tuesday, h			
_	Full Name (Last, First, Middle Initial)													
в.	Grassley Committee Inc						Date of	f Disburs	eme	nt / Y	YYYY			
	Mailing Address PO Box 1000		03		23		2021							
	City Des Moines				FEC Id	entificati	on N	umber						
	Purpose of Disbursement Virtual Kickoff with VIP Sen. Ernst: March 22				11		C C00230482 Transaction ID : 15571127							
	Candidate Name				egory/		Amount of Each Disbursement this Period							
	Grassley, Chuck, E., Sen., Office Sought: House Disburse	ment For: 2	2022	13	/pe	H					1000.00			
	x Senate x	Primary	General			Ľ		-9-	Virt	ual Kic	koff with VIP Sen. Erns			
	State: IA District:	Other (spec	cify)				Me	mo Item	Ма	rch 22				
с.	Full Name (Last, First, Middle Initial) Ann Wagner For Congress						Date of	f Disburs	eme	nt				
	Mailing Address PO Box 50						м м 03		D 23	/ Y	2021			
	City	State	Zip Code				FFC Id	entificatio	on N	umber				
	Ballwin Purpose of Disbursement Future Event	МО	63022	_	_		С	C00495	846					
	Candidate Name				11 egory/		Transaction ID : 15571129 Amount of Each Disbursement this Period							
	Wagner, Ann, , Rep.,				/pe									
		ment For: 2	-								1000.00			
	State: MO District: 02	Primary Other (spec	General cify) ▼				Ме	mo Item		ure Ev	rent			
Г	State: MO District: 02					<u> </u>			_	_				
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SC	HEDULE B (FEC Form 3X)			FOF	R LINE								82 OF 85	
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$\backslash$	NAME OF COMMITTEE (In Full)	-												
	Health Underwriters Political Actio	on Comm	ittee											
-	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate						Date of Disbursement						v	
	Mailing Address PO Box 100847						03 23 2021							
	City Anchorage	State AK	Zip Code 99510				F	EC Ide	entifi	catior	n Nu	umber		
	Purpose of Disbursement 4/15 Senator Murkowski Virtual Event		00010		011	1	(		-	38452	1	45574		
	Candidate Name			C	ateg		A					15571 oursen		<b>8</b> t this Period
	Murkowski, Lisa, , Sen., Office Sought:   House   Disburse	2022		Тур	е	ſ							1000.00	
	X Senate President	Primary Other (spec	X General					Me	mo l	ltem			tor I	Murkowski Virtual
_	State: AK District:	_						IVIC						
_	Full Name (Last, First, Middle Initial) B. Wyden For Senate								f Dis	burse		nt		YY
	Mailing Address 232 Ne 9th Avenue	th Avenue					03 23 2021							
	City Portland	State OR			EC Ide	entifi	catior	ו Nu	umber	_	-			
	Purpose of Disbursement WEDNESDAY, MARCH 24, Event			Г	01 <i>°</i>	1			-	30867	1	45574	4.04	
	Candidate Name			Ca	ateg		A					15571 oursen		t this Period
	Wyden, Ron, , Sen., Office Sought: House Disburse	ement For:	2022		Тур	е	ſ			-				1000.00
	x Senate	1	General								WEI	DNESI		Y, MARCH 24, Event
	State: OR District:	Other (spec	cify)					Me	mo l	ltem				· · ·
	Full Name (Last, First, Middle Initial) Scott Franklin For Congress						C	ate of	Dis	burse	mer	nt		
	Mailing Address P.O. Box 2811							03	/	D 2	D 4	/ Y		021
	City Lakeland	State FL	Zip Code 33806				F	EC Ide	entifi	catior	ו Nu	umber		
	Purpose of Disbursement Scott Franklin for Congress Virtual Event w/ Speci	al Guest Whi	o Steve		011	1		C C00742247 Transaction ID : 15571632						
	Candidate Name	din Scott					A							t this Period
		e Sought: K House Disbursement For: 2022				е								1000.00
	Senate X President	Primary Other (spec	General cify) ▼					Me	mo l	ltem		nt w/ S		for Congress Virtual cial Guest Whip Stev
	State: FL District: 15							-	_	_	Jua			
s	<b>JBTOTAL</b> of Disbursements This Page (optional).					··· <b>&gt;</b>	ļ	_		7	_	7	-	3000.00
то	OTAL This Period (last page this line number only	/)				🕨	1			,	_	,		

SCHEDULE B (FEC Form 3X)		woto ochodula()	FOR LINE							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)	0									
Health Underwriters Political Actio	on Comm	Ittee								
Full Name (Last, First, Middle Initial) A. Adrian Smith For Congress				Date of Disbursement						
Mailing Address 1126 Avenue A Suite 6		1		03 24 2021						
City Scottsbluff	State NE	Zip Code 69361		FEC Identification Number						
Purpose of Disbursement Comp			011	C C00412890						
Candidate Name			Category/	Transaction ID : 15571633 Amount of Each Disbursement this Period						
Smith, Adrian, , Rep.,			Туре							
Office Sought: X House Disburs Senate President	ement For: 2 Primary Other (spe	General		Loop Comp Memo Item						
State: NE District: 03										
Full Name (Last, First, Middle Initial)         B. Texans for Ronny Jackson         Mailing Address       P.O. Box 53058		Date of Disbursement								
City Amarillo	State TX	Zip Code 79159		FEC Identification Number						
Purpose of Disbursement			011	C C00730531 Transaction ID : 15575279						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Jackson, Ronny, , , Office Sought: x House Disburs	ement For:	2022	Туре	1000.00						
	Primary	General								
State: TX District: 13	Other (spec	cify)		Memo Item						
Full Name (Last, First, Middle Initial) C. Billy Long For Congress				Date of Disbursement						
Mailing Address 3246 E Ridgeview St				M         M         /         D         D         /         Y						
City Springfield	State MO	Zip Code 65804		FEC Identification Number						
Purpose of Disbursement		03004	011	C C00460063						
Candidate Name Long, Billy, , Rep.,	Rep.,			Transaction ID : 15575280 Amount of Each Disbursement this Period						
Office Sought: K House Disburs	ement For: 2		Туре	1000.00						
State: MO District: 07	Primary Other (spec	General cify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional)			····· •	3000.00						
TOTAL This Period (last page this line number onl	y)		••••••	, ,						

S	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 84 OF 85						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		k only	one)						
		Detailed	Summary Page		210 28a	22         X         23         26         27           28b         28c         29         30b						
	y information copied from such Reports and State for commercial purposes, other than using the na											
$\backslash$	NAME OF COMMITTEE (In Full)	-	•									
	Health Underwriters Political Actio	n Comm	nittee									
Α.	Full Name (Last, First, Middle Initial) Ashley Hinson for Congress					Date of Disbursement						
	Mailing Address PO Box 811					03 / D D / Y Y Y Y 2021						
	City Marion	State IA	Zip Code 52302			FEC Identification Number						
	Purpose of Disbursement		52502	011		С С00706267						
	Candidate Name			Catego	ory/	Transaction ID : 15575281 Amount of Each Disbursement this Period						
		ment For:		Туре	)	1000.00						
	State X President	Primary Other (spe	ecify) ▼			Memo Item						
	State:         IA         District:         01           Full Name (Last, First, Middle Initial)											
B.	Ken Calvert For Congress Commi		Date of Disbursement									
	Mailing Address PO Box 78376					03 / D D / Y Y Y Y 2021						
	City Corona	State Zip Code CA 92877				FEC Identification Number						
	Purpose of Disbursement April 5th golf tournament			011		C C00257337						
	Candidate Name			Catego	ry/	Transaction ID : 15575282 Amount of Each Disbursement this Period						
	Calvert, Ken, , Rep.,			Туре		1000.00						
		ment For: Primary	2022 General			1000.00						
	State: CA District: 42	Other (spe				April 5th golf tournament Memo Item						
_	Full Name (Last, First, Middle Initial)					Date of Distance in						
υ.	Ken Calvert For Congress Commi	ttee				Date of Disbursement						
	Mailing Address PO Box 78376					03 30 2021						
	City Corona	State CA	Zip Code 92877			FEC Identification Number						
	Purpose of Disbursement April 5th golf tournament			011		C C00257337 Transaction ID : 15575283						
	Candidate Name Calvert, Ken, , Rep.,			Category/ Type		Amount of Each Disbursement this Period						
	Office Sought: K House Disburse	ment For:	2022			1000.00						
	Senate X	Primary Other (spe	General ecify) ▼			April 5th golf tournament Memo Item						
	State: CA District: 42					hant						
s	UBTOTAL of Disbursements This Page (optional).				• •	3000.00						
т	OTAL This Period (last page this line number only	()			•	, ,						

SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 85 OF 85			
ITEMIZED DISBURSEMENTS				neck only			
				21b	22 <b>X</b> 23 28b 28c	26 27 29 30b	
Any information copied from such Reports and Star or for commercial purposes, other than using the n				any pers	son for the purpose of	of soliciting contributions	
	0	•••					
Health Underwriters Political Activ	on Comm	littee					
Full Name (Last, First, Middle Initial)							
A. Kevin Mccarthy For Congress					Date of Disbursement		
Mailing Address PO Box 12667							
City	State	State Zip Code			FEC Identification Number		
Bakersfield	CA	CA 93389					
Purpose of Disbursement Virtual Event for Republican Leader Kevin McCarthy 4/21 011					C C00420935		
Candidate Name					Transaction ID : 15575304		
McCarthy, Kevin, , Rep.,				egory/ /pe	Amount of Each Disbursement this Period		
	sement For:	ment For: 2022 Primary General				2500.00	
Senate					Virtual Event for Republican Leade		
President					Memo Item Kevin McCarthy 4/21		
State: CA District: 23 Full Name (Last, First, Middle Initial)					_		
B. Jason Smith For Congress					Date of Disbursement		
					03 30 2021		
Mailing Address PO Box 1324					03 3	2021	
City	State	Zip Code			FEC Identification	Number	
Cape Girardeau Purpose of Disbursement							
Jason Smith for Congress Virtual Event 011					C C0054186	2	
Candidate Name					Transaction ID : 15575306 Amount of Each Disbursement this Period		
Smith, Jason, , , Type				Amount of Lach			
Office Sought: K House Disbursement For: 2022						1000.00	
	rimary					Jason Smith for Congress Virtual	
State: MO District: 08					Memo Item		
Full Name (Last, First, Middle Initial)							
C.					Date of Disbursement		
Mailing Address							
City	State	Zip Code			FEC Identification	Number	
Purpose of Disbursement							
				C			
Candidate Name Category/				Amount of Each Disbursement this Period			
				/pe			
	sement For:	ment For: Primary General Other (specify) <b>v</b>					
Senate President	-				-		
State: District:					Memo Item		
SUBTOTAL of Disbursements This Page (optional	)			►		3500.00	
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