FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF TY COMMITTEE (in full)		ble: If typing, type ne lines.	12FE4M5
Health Underwriters Polit			
ADDRESS (number and street)	1212 New York Ave		
Check if different	Suite 1100 Washington		DC 20005
2. FEC IDENTIFICATION NUM		5	STATE ▲ ZIP CODE ▲
C C00283135	3. IS THIS REPORT	x NEW (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election
 April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) 	PRE-Election	Jul 20 (M7) imary (12P) onvention (12C)	Year Only) Oct 20 (M10) General (12G) Runoff (12R) Special (12S)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST -Election Gr Report for the: Election on	eneral (30G)	Runoff (30R) Special (30S) Y Y Y Y State of
5. Covering Period 02	/ D D / Y Y Y Y 01 2019	through 02	/ D D / Y Y Y Y 28 2019
Type or Print Name of Treasurer Signature of Treasurer		lectronically Filed]	hate 03 / 08 / 2019 his Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

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x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Underwriters Political Action Committee M D М D Y M D 02 01 2019 02 28 2019 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 341431.16 Januarv 1. 2019 (b) Cash on Hand at 391446.04 Beginning of Reporting Period..... 96348.71 148017.38 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 489448.54 487794.75 6(a) and 6(c) for Column B)..... 146645.91 148299.70 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 341148.84 341148.84 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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)

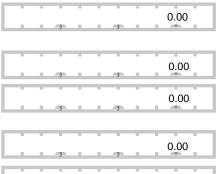
Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	55040.07	
(i) Itemized (use Schedule A)	55940.67	66384.34
	40408.04	81633.04
(ii) Unitemized	40408.04	01033.04
(iii) TOTAL (add	96348.71	148017.38
Lines 11(a)(i) and (ii)	90346.71	
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	96348.71	148017.38
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
	0.00	0.00
. Loan Repayments Received		
. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
		47. 47. 48.
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	96348.71	148017.38
12, 10, 11, 10, 10, 17, and 10(0))		
Total Federal Receipts		
	06248 71	

(subtract Line 18(c) from Line 19)

96348.71



	-		-	148017.38
	-	Į.	-	148017.38



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 3934.70 Expenditures 2645.91 (c) Total Operating Expenditures 3934.70 (add 21(a)(i), (a)(ii), and (b)) 2645.91 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 144000.00 144000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 365.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 365.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 146645.91 148299.70 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 146645.91 148299.70

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

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1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

					96348.71
	-7			-7-	
					0.00
4	-	1	1	-	0.00
		1			96348.71
	7			-7	
					2645.91
	7			-7	
					0.00
	7			7	
					2645.91
	-7-			-7-	1 1 1 1 1

4 400 4 7 00				
148017.38	-7-		-7-	 L.
205.00				
365.00	-	 	-	
147652.38				
147052.38	-	 	-	 L.
3934.70				
3934.70	7		7	 L.
0.00				
0.00	-7-	 	-7	
3934.70				
3934.70	-7-			 1.1

COLUMN B

Calendar Year-to-Date



Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12		17								
	y information copied from such Reports and St for commercial purposes, other than using the																		
<u> </u>	NAME OF COMMITTEE (In Full)				5		2.010												
\rangle	Health Underwriters Political Act	ion Com	mittee																
Α.	Full Name of Individual (Last, First, Middle Initi Kite, William, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt												
	Mailing Address PO Box 629				02 01 Y Y Y Y 02 01 2019														
	City Roanoke	State VA	Zip Code 24004-0629					1266147			_								
		VA	24004-0629	_	Amoun	t of	Each F	Receipt th	nis Perio	d									
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			300	0.00									
	Name of Employer (for Individual) D&S Agency									Memo Item									
	Receipt For:	Aggregate	Year-to-Date V																
	Primary General		600.00	11.															
	Other (specify)			1															
	Full Name of Individual (Last, First, Middle Initi Hoffman, Crystal, , ,		Date of	f Re	eceipt														
	Mailing Address P.O. Box 709		02 / D D / Y Y Y Y 02 2019																
	City	State	Zip Code		Trans	act	ion ID :	1279096	9										
	Sugar Land	TX	77487-0709		Amoun	t of	Each F	Receipt th	nis Perio	d									
	FEC ID number of contributing federal political committee.	С		100.00															
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occ	upation (for Individual) ker		Memo Item														
	Receipt For:	Aggregate	Year-to-Date ▼																
	Primary General Other (specify) ▼		250.00	1															
	Full Name of Individual (Last, First, Middle Initi Smith, Paul, E., ,	al) or Full O	rganization Name		Date of	f Re	eceipt												
	Mailing Address 100 Queen Street				02	1	02		2019	Y	1								
	City Southington	State CT	Zip Code 06489-2052	_				1279097 Receipt th		d									
	FEC ID number of contributing federal political committee.	С								0.00									
	Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occu Brok	upation (for Individual) ker		М	em	o Item												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]															
s	UBTOTAL of Receipts This Page (optional)			•			9	,	600	0.00									
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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 Hogeland, Charlene, Marie, ,	al) or Full O	rganization Name		Date of Receipt										
	Mailing Address 5516 W Lariat Lane				02 02 2019										
	City Phoenix	State AZ	Zip Code 85083-1228		Transaction ID : 12790981 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y-		85.	00					
	Name of Employer (for Individual) Black, Gould & Associates		M	emo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]											
в.	Full Name of Individual (Last, First, Middle Initi Fitzgerald, Robert, Mark, ,		Date of	f Re	eceipt										
	Mailing Address 185 Fowler St		02 / D / Y Y Y Y 02 03 2019												
	City Woodstock	State GA	Zip Code 30188-5023	_				1279098							
	FEC ID number of contributing federal political committee.	С	30100-3023	Amount of Each Receipt this Period 85.00											
	Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occi Brol	upation (for Individual) ker		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]											
C.	Full Name of Individual (Last, First, Middle Initi Haberman, Joshua, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 9301 Bryant Ave S Suite 105	State	Zin Code		02		03		2019	Y					
	City Bloomington	MN	Zip Code 55420-3473	_				1279099 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	,	85.	00					
	Name of Employer (for Individual) Alexander & Haberman	Occu Brok	upation (for Individual) ser		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 295.00]											
s	UBTOTAL of Receipts This Page (optional)			•			9	. ,	255.	00					
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SCHEDULE A (FEC Form 3X)

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	information copied from such Reports and Sta or commercial purposes, other than using the n									ributio					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee												
	Full Name of Individual (Last, First, Middle Initia Alexander, Sheryl, Ryan, ,	l) or Full Oi	rganization Name	Date of Receipt											
1	Nailing Address 1402 N Capitol Ave #400			02 03 / Y Y Y Y 2019											
	City Indianapolis	State IN	Zip Code 46202-2375					: 12791 Receipt		riod					
	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period											
(Name of Employer (for Individual) Gregory & Appel Insurance	Occu Brok	upation (for Individual) er		M	emo	b Item								
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
	Full Name of Individual (Last, First, Middle Initia Sklar, Erika, , ,		Date of	Re	eceipt										
-	Mailing Address 1415 Walton Blvd City State Zip Code						02 06 / Y Y Y Y Y 02 06								
	Dity Rochester Hills	State MI	Transaction ID : 12807263 Amount of Each Receipt this Period												
	EC ID number of contributing ederal political committee.	С	63.00												
	Name of Employer (for Individual) The Crawford Insurance Group	Occupation (for Individual) Broker					tem								
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 326.00]											
	Full Name of Individual (Last, First, Middle Initia Webb, Charles, A., ,	l) or Full Oi	rganization Name		Date of	Re	eceipt								
1	Mailing Address 2670 Electric Rd				02 ^M	/	D 06		Y Y 2019						
	City Roanoke	State VA	Zip Code 24018-3511					: 12807 Receipt	264 this Per	riod					
	FEC ID number of contributing ederal political committee.	С			<u> </u>		,		2	50.00					
· · · · · · · · · · · · · · · · · · ·			ipation (for Individual) er		Memo Item										
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				Detailed Summary Page	×	11a 13] 11 14		11c		12 16	17			
	y information copied from such Reports and s for commercial purposes, other than using th					or the		pos	se of s	soliciting		ntribut	ions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmi	ttee												
Α.	Full Name of Individual (Last, First, Middle In Sokol, David, , ,	iitial) or Full C	Orgar	nization Name	[Date of Receipt										
	Mailing Address 901 Wilshire Drive Suite 330					02 06 2019 Transaction ID : 12807265										
	City Troy	State MI		Zip Code 48084-5611	A					280726 ceipt th		Period				
	FEC ID number of contributing federal political committee.	C			170.00											
	Name of Employer (for Individual) Wilshire Benefits Group Inc		•	ion (for Individual) nt/CEO		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 340.00												
в.	Full Name of Individual (Last, First, Middle In Charron, JoAnn, Marie, ,		Date of Receipt													
	Mailing Address 11325 Pegasus St., Suite W-		02 / 07 / Y Y Y Y 02 07													
	City Dallas	State TX		Zip Code 75238-5214				-		280785 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	C				750.00 Memo Item										
	Name of Employer (for Individual) Benefits Dallas		upat ker	tion (for Individual)												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 750.00												
С.	Full Name of Individual (Last, First, Middle In Galardini, Richard, F., ,	nitial) or Full C	Orgar	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 7000 Stonewood Dr Suite 251					^M 02	1	Г	08	/ Y)19 [°]	Y			
	City Wexford	State PA		Zip Code 15090-7376						280828 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С						9				125.0	0			
	Name of Employer (for Individual) JRG Advisors, LLC		•	ion (for Individual) In & CEO	Memo Item											
	Receipt For: Primary General Other (specify)	Primary General Aggregate														
s	UBTOTAL of Receipts This Page (optional)			•••••	. [y		,		1045.0	0			
т	OTAL This Period (last page this line number	only)			. [-								

SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)	name anu a											
\rangle	Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Rice, Russell, Lee, ,	tial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 8830 Buckskin Dr				02 08 / Y Y Y Y 2019								
	City Boerne	State TX	Zip Code 78006-5554										
	FEC ID number of contributing federal political committee.	С					.		85.0	00			
	Name of Employer (for Individual) AVESIS, Inc.	Occi Brol	upation (for Individual) ker		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00										
в.	Full Name of Individual (Last, First, Middle Init Deagle, Michael, P., ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 935 National Parkway Suite 93550	State Zin Code					08		ү ү 2019	Y			
	City Schaumburg	State IL	Zip Code 60173-5150					1280829	nis Period				
	FEC ID number of contributing federal political committee.								166.6	67			
	Name of Employer (for Individual) BenAxis Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.34										
— C.	Full Name of Individual (Last, First, Middle Init Maxwell, Lisa, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address G3526 Miller Rd. Suite B				02	1	08		2019	Ŷ			
	City Flint	State MI	Zip Code 48507-1286				-	1280830 Receipt th	03 nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	12.0	00			
	Name of Employer (for Individual) Security First Benefits Corporation		upation (for Individual) s Manager		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 62.00										
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	263.6	57			
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	AME OF COMMITTEE (In Full) lealth Underwriters Political Action	on Com	mitte	e											
	ull Name of Individual (Last, First, Middle Initial) Renkar, Christopher, J., ,) or Full O	rganiza	tion Name		Date of Receipt									
_	ailing Address 8814 Fargo Road Suite 125	State	71	o Code		02 09 2019									
	Richmond	VA		23229-4628		Transaction ID : 12808481 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С			30.00										
	ame of Employer (for Individual) dependent Benefits LLC	Occu Brok	•	(for Individual)			Mer	mo) Ite	em					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 260.00											
	ull Name of Individual (Last, First, Middle Initial) Scholz, Paul, Joseph, ,) or Full O	rganiza	tion Name		Date	of	Re	cei	ipt					
Μ	ailing Address 17445 Arbor St Suite 310				02 / D D / Y Y Y 09 / 2019								Ŷ		
	ity)maha	State Zip Code Transaction ID : 128 NE 68130-4645 Amount of Each Rece										eriod			
	EC ID number of contributing deral political committee.	C							,		-	- T -		85.0	0
	ame of Employer (for Individual) CI	Occu Broł		(for Individual)			Mer	mo) Ite	em					
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00													
	ull Name of Individual (Last, First, Middle Initial) Sansevieri, Paul, F., ,) or Full O	rganiza	tion Name		Date	of	Re	cei	ipt					
M	ailing Address P O Box 641					M 02		/	ľ	09		/ Y	20	19 [°]	Y
	ity Corona Del Mar	State CA	· · ·	o Code 2625-0641								80849: eipt thi		eriod	_
	EC ID number of contributing deral political committee.	С							,		-	J		250.0	0
S	ame of Employer (for Individual) ansevieri Insurance Services, Inc.	Occupation (for Individual) Owner					Mei	mo) It	em					
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SCHEDULE A (FEC Form 3X) -

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	f soliciting	g contrib		าร			
	NAME OF COMMITTEE (In Full)													
	Health Underwriters Political Act	tion Com	nmittee											
Α.	Full Name of Individual (Last, First, Middle Init Nigro, Samuel, , ,	ial) or Full C	Drganization Name		Date of Receipt									
	Mailing Address 17117 Oak Drive Suite D				02 / D D / Y Y Y Y 02 10 2019									
	City Omaha	State NE	Zip Code 68130-2193		Transaction ID : 12808499 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		8	5.00				
	Name of Employer (for Individual) Compass Benefit Advisors	Occ Bro	supation (for Individual) ker		М	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 170.00]										
в.	Full Name of Individual (Last, First, Middle Init Daugherty, Cathy, M., ,	ial) or Full C	Drganization Name		Date of	f Re	eceipt							
	Mailing Address 1122 East Lincoln Avenue Suite 203	Suite 203							2019	Y]			
	City Orange	State CA	Zip Code 92865-1908	-			-	1285029 Receipt th		nd				
	FEC ID number of contributing federal political committee.	С								5.00				
	Name of Employer (for Individual) Bridge Port Benefits		cupation (for Individual) rtner		Memo Item									
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		, 245.00]										
с.	Full Name of Individual (Last, First, Middle Init Grava, A. Andra, , ,	ial) or Full C	Drganization Name		Date of	f Re	eceipt							
	Mailing Address 40 E. McDermott				02	/	D 13		2019	Y]			
	City Allen	State TX	Zip Code 75002-2802					: 1285029 Receipt th		bd				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	17	0.00				
	Name of Employer (for Individual) The DI Center	Occ Brol	upation (for Individual) ker		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]										
s	UBTOTAL of Receipts This Page (optional)		•	•			,	,	34	0.00				
т	OTAL This Period (last page this line number of	only)		•		Ţ				-				

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

(check only one)

PAGE 13 OF

ITEWIZED RECEIFTS				Detailed Summary Page	×	11a		11	1b	11c		12			
						13		14		15		16	17		
or	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	nmi	ittee											
A.	Full Name of Individual (Last, First, Middle In Stewart, Edward, W., ,	itial) or Full O	-						Date of Receipt						
	Mailing Address 1248 Springfield Pike					^M 02	/		D D 13	1		019	Y		
	City Cincinnati	State OH		Zip Code 45215-2142		Transaction ID : 12850307 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C				365.00									
	Name of Employer (for Individual) Ted Marty & Associates		•	tion (for Individual) ce Agent		M	emc	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.00											
	Full Name of Individual (Last, First, Middle In Bailey, Andrea, , ,	nization Name		Date of	f Re	ece	eipt								
	Mailing Address 3800 N. Central 9th Floor					м м 02	1	ľ	D D 16	1	y y 20) 019	Y		
	City Phoenix	State AZ		Zip Code 85012-1979	A	Trans				128516 eceipt		Period			
	FEC ID number of contributing federal political committee.				-				30.0	00					
	Name of Employer (for Individual) Black, Gould & Associates														
	Receipt For: Primary General Other (specify) ▼	Aggregate	ar-to-Date ▼ 210.00												
С.	Full Name of Individual (Last, First, Middle In Wallace, Keith, , ,	itial) or Full O	Drga	nization Name		Date of	f Re	ece	eipt						
	Mailing Address 1400 Broadway					^M 02	/	ľ	D D 16	1		019 [°]	Y		
	City Bellingham	State WA		Zip Code 98225-3036	A	Trans				12851 eceipt		Period			
	FEC ID number of contributing federal political committee.	С						9		. ,		250.0	00		
	Name of Employer (for Individual) Wallace-Rice Benefits, LLC	Occi Brok		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate]												
	UBTOTAL of Receipts This Page (optional)					_		7	-	. , 	-	645.0	0		
T	DTAL This Period (last page this line number	only)		••••••				-		-		1.40			

SCHEDULE A (FEC Form 3X)

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

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 16							
			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 Tompkins, Daniel, R., ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1720 Windward Concours Suite 290	se		02 17 2019							
City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 12851615 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Admin America, Inc.	Occ Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]							
Full Name of Individual (Last, First, Middle . Griffey, Don, R., ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 56294 Prim Rose Circle			02 18 2019							
City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 12851633 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		75.00							
Name of Employer (for Individual) Hailey-Campbell, Inc	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Full Name of Individual (Last, First, Middle Moriello, Nicholas, A., ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 800 Delaware Ave., 9th F	1		02 / D D / Y Y Y Y 18 2019							
City Wilmington	State DE	Zip Code 19801-1322	Transaction ID : 12852177 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Highmark Blue Cross Blue Shield Delawa	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
SUBTOTAL of Receipts This Page (optiona)		1160.00							
TOTAL This Period (last page this line num	ber only)		•							

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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 15 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly o	ne)						
		for each category of the Detailed Summary Page	× 11a		11b	11c	12	_ _			
Any information copied from such Reports or for commercial purposes, other than usi											
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid A. Herkey, Peter, G, ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address PO Box 4216			M 02	02 20 2019							
City Sunland	State CA	Zip Code 91041-4216				1285344 Receipt th	9 nis Period				
FEC ID number of contributing federal political committee.	С						365.0	00			
Name of Employer (for Individual) PGH Insurance Marketing	Occ Brol	upation (for Individual) ker		Vemo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00									
Full Name of Individual (Last, First, Mid B. Greene, Sean, C., ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 6096 Innovation Way			02		21		2019	Y			
City Carlsbad	State CA	Zip Code 92009-1741				1285345 Receipt th	3 nis Period				
FEC ID number of contributing federal political committee.	С						30.0)0			
Name of Employer (for Individual) Morrison Insurance Services		upation (for Individual) ployee Benefit Specialist		Vlemo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 60.00]								
Full Name of Individual (Last, First, Mid C. Farrell, Jennifer, Liane, ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 3800 North Central Ave 9th Floor		Zin Oode	02		21		2019	Y			
City Phoenix	State AZ	Zip Code 85012-1979				: 1285345 Receipt th	nis Period				
FEC ID number of contributing federal political committee.	С				y .	,	85.0)0			
Name of Employer (for Individual) Black, Gould & Associates	Occ Brok	upation (for Individual) ker		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00									
SUBTOTAL of Receipts This Page (option	nal)			-	,	9	480.0	0			
TOTAL This Period (last page this line nu	mber only)										

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

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PAGE 16 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		-	11b		11c		12	<u> </u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the r						rpo							
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee											
A .	Full Name of Individual (Last, First, Middle Initia Baker, Brock, , , Mailing Address 4219 Hillsboro Road, Suite 213	al) or Full O	rganization Name		Date		ec	•	D	/ Y	Y	Ý	Y	
	City	State	Zip Code		02 21 2019 Transaction ID : 12854166									
	Nashville	TN	37215-3326		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			1000.00									
	Name of Employer (for Individual) Baker Benefits Corporation	Occu Brok	upation (for Individual) ker		1	Mem	0	Item	ı					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name of Individual (Last, First, Middle Initia Knippen Loeb, Karen, , ,	al) or Full O	rganization Name		Date	of R	ec	ceipt						
	Mailing Address 234 Spring Lake Drive				[™] 02		/		D 21	/ Y)19 [°]	Y	
	City	State	Zip Code							285416	-			
	Itasca	IL	60143-3202		Amou	nt of	fE	Each	n Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.				_	7		- 1	2	2000.(00			
	Name of Employer (for Individual) Euclid Managers		upation (for Individual) oloyee Benefit Consultant	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Murray, Martha, , ,	al) or Full O	rganization Name		Date	of R	ec	ceipt						
	Mailing Address 2030 Parrish Dr				^M 02		/	2	22		20)19 [°]	Y	
	City Santa Rosa	State CA	Zip Code 95404-2321							285433 ceipt th		Period		
	FEC ID number of contributing federal political committee.	С					,	1		J		150.0	00	
	Name of Employer (for Individual) J & M Murray Insurance Services, Inc.	Occu Ager		1	Mem	10	Item	n						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 174.00											
s	UBTOTAL of Receipts This Page (optional)		••••••				,	9		y	:	3150.0	00	
т	OTAL This Period (last page this line number or	nly)		.						- 40-				

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	for commercial purposes, other than using the			e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmittee								
Α.	Full Name of Individual (Last, First, Middle Init Wilson, Thomas, R., ,	tial) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 701 Lamar			02 / D D / Y Y Y Y Y 23 2019							
	City Wichita Falls	State TX	Zip Code 76301-6824	Transaction ID : 12854376 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		170.00							
	Name of Employer (for Individual) Boley Featherston Insurance Agency	Occ Bro	cupation (for Individual) oker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00]							
В.	Full Name of Individual (Last, First, Middle Init Kohlsdorf, Eric, , ,	tial) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 1501 Ingersoll Ave Suite 200	02 23 / Y Y Y Y 02 23 2019									
	City Des Moines	State IA	Zip Code 50309-3102	Transaction ID : 12854378 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	85.00									
	Name of Employer (for Individual) Prisma Strategies		cupation (for Individual) oker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 245.00]							
<u></u> с.	Full Name of Individual (Last, First, Middle Init Fracchia, Anthony, , ,	tial) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 30600 Telegraph Rd Suite 1225			02 / D D / Y Y Y Y 02 23 2019							
	City Bingham Farms	State MI	Zip Code 48025-5701	Transaction ID : 12854388 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer (for Individual) Altruis Benefits Consulting	Occ Brok	cupation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	1							
s	UBTOTAL of Receipts This Page (optional)		······]	755.00							
т	OTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X) DEOEIDTO

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PAGE 18 OF

	EMIZED RECEIPTS		for each category Detailed Summary		×	11a 13		11b 14		11c 15	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r					or the		pose		oliciting	contrib	utions			
	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initia Heemskerk, Cornelis, A., ,	ll) or Full C	organization Name		Date of Receipt										
	Mailing Address 1901 Butterfield Road Suite 120					м м 02	1		23	/ Y	ү ү 2019	Y			
	City Downers Grove	State IL	Zip Code 60515-7928	-	Transaction ID : 12854394 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С]	15.00										
	Name of Employer (for Individual) Everlong Captive	Occ Bro	upation (for Individua ker	1)		M	lemo	b Iten	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00													
В.	Full Name of Individual (Last, First, Middle Initia LaFay, Stacey, S., ,	ll) or Full C	organization Name		[Date o	f Re	eceipt	:						
	Mailing Address 2444 East Hill Rd.							02 / D D / Y Y Y Y 23 2019							
	City Grand Blanc	State MI							85439 eipt th	5 is Perio	d				
	FEC ID number of contributing rederal political committee.							- J		- J	100	0.00			
	Name of Employer (for Individual) Franklin Benefit Solutions		upation (for Individua ker	l)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00													
С.	Full Name of Individual (Last, First, Middle Initia Tellesbo-Kembel, Marsha, , ,	ll) or Full C	organization Name		[Date o	f Re	eceipt	:						
	Mailing Address 1001 4th Avenue, Suite 3200					^M 02	/		23	/ Y	2019	Y			
	City Seattle	State WA	Zip Code 98154-1003	_				-		2 85439 eipt th	8 is Perio	d			
	FEC ID number of contributing federal political committee.	С						y		y	170	0.00			
	Name of Employer (for Individual) Tellesbo & Company Receipt For:	Occupation (for Individual) Broker						o Iten	n						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	340.00]										
s	UBTOTAL of Receipts This Page (optional)							y		y	285	.00			
т	OTAL This Period (last page this line number or	ıly)		····· ►				_		-					

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 1 verson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee								
Full Name of Individual (Last, First, Miner, Munger, David, , ,		rganization Name	Date of Receipt							
Mailing Address 3312 W. Magistrate Lo	op		02 23 2019							
City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 12854405 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) Munger Insurance	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Min B. Griffey, Patricia, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 56294 Primrose Circle			02 23 2019							
City	State	Zip Code	Transaction ID : 12854413							
Elkhart FEC ID number of contributing federal political committee.	C	46516-1509	Amount of Each Receipt this Period							
Name of Employer (for Individual) Page 1 Medicare	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00]							
Full Name of Individual (Last, First, Mic . Embry, Michael, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 26555 Evergreen Roa Suite 535			02 / D D / Y Y Y Y 23 2019							
City Southfield	State MI	Zip Code 48076-4213	Transaction ID : 12854415 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		415.00							
Name of Employer (for Individual) Comprehensive Benefits	Occi Brok	upation (for Individual) ser	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 830.00]							
SUBTOTAL of Receipts This Page (optic	nal)		615.00							
TOTAL This Period (last page this line n	umber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			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 Polit	ical Action Com	mittee							
Full Name of Individual (Last, First, Embry, Jeanne, A., ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 26240 Wacker Drive	<u>}</u>		02 23 Y Y Y Y Y 02 23 2019						
City Chesterfield	State MI	Zip Code 48051-3306	Transaction ID : 12854416 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Comprehensive Benefits	Occu Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
Full Name of Individual (Last, First, Sterner, Heidi, J., ,		rganization Name	Date of Receipt						
Mailing Address 7881 W Charleston			02 / D D / Y Y Y Y 23 2019						
City Las Vegas	State NV	Zip Code 89117-8326	Transaction ID : 12854419 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Leavitt Group Benefits Services		upation (for Individual) Irance Consultant	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]						
Full Name of Individual (Last, First, C. Patton, Jesse, A., ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1112 Maple Street			02 23 2019						
City West Des Moines	State IA	Zip Code 50265-4420	Transaction ID : 12854427 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		415.00						
Name of Employer (for Individual) Associations Marketing Group, Inc.	Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 830.00]						
SUBTOTAL of Receipts This Page (or	tional)		475.00						
TOTAL This Period (last page this line	a number only)								

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

FOR LINE NUMBER:

PAGE 21 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
	y information copied from such Reports and Stat for commercial purposes, other than using the n			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee	
۹.	Full Name of Individual (Last, First, Middle Initial Pedersen, Jill, L., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 16325 Boones Ferry Rd #204			02 / D D / Y Y Y Y 25 2019
	City Lake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 12854471
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Occu Brok	upation (for Individual) ser	Memo Item
	Dessint For:		Year-to-Date ▼ 284.00]
З.	Full Name of Individual (Last, First, Middle Initial Gant, Tom, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 100 North Weinbach Avenue			02 25 2019
	City Evansville	State IN	Zip Code 47711-6006	Transaction ID : 12854481 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Schultheis Life & Health Agency	Occi Age	upation (for Individual) nt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 284.00]
	Full Name of Individual (Last, First, Middle Initial Panepinto, Chad, M., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 5400 LBJ Freeway, Suite 120			M M / D D / Y Y Y Y 02 25 2019
	City Dallas	State TX	Zip Code 75240-1053	Transaction ID : 12854484 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Allstate Benefits		upation (for Individual) s Consultant	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
s	JBTOTAL of Receipts This Page (optional)			234.00

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

FOR LINE NUMBER:

PAGE 22 OF

	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X	11a		11	b	11c	12	
					13		14	Ļ	15	16	17
	y information copied from such Reports and for commercial purposes, other than using t										
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee								
A.	Full Name of Individual (Last, First, Middle Hepscher, William, , ,	Initial) or Full O	rganization Name	1	Date of	f Re	ecei	ipt			
	Mailing Address 38176 Medical Center Aven	nue			м м 02	/	Γ	25	/ Y	2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : 1	1285505	6	
	Zephyrhills	FL	33540-1380	/	Amount	t of	Ea	ch R	eceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					-			75	5.00
	Name of Employer (for Individual) The Canadian Drugstore	Occu Brol	upation (for Individual) ker		М	emo	o Ite	эm			
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		295.00	1							
В.	Full Name of Individual (Last, First, Middle Trokey, Kevin, , ,	Initial) or Full O	rganization Name		Date of	f Re	ecei	ipt			
	Mailing Address 215 S. Kirkwood Rd Ste 201				м м 02	/	ľ	25	/ Y	2019	Y
	City	State	Zip Code		Trans	acti	ion	ID : 1	1285548	3	
	Saint Louis	MO	63122-4359				-			nis Perio	d
	FEC ID number of contributing federal political committee.	C					- -		.	50	0.00
	Name of Employer (for Individual) Q4intelligence	Occ Bro	upation (for Individual) ker		M	emo	o Ite	эm			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 50.00]							
<u>с.</u>	Full Name of Individual (Last, First, Middle Niederman, Brad, , ,	Initial) or Full O	rganization Name		Date of	f Re	ecei	ipt			
-	Mailing Address 1745 Shea Center Dr 4th Floor				м м 02	/	Γ	26	/ Y	2019	Ŷ
	City	State CO	Zip Code						1285561		
	Highlands Ranch		80129-1537	/	Amoun	t of	Ea	ch Re	eceipt th	nis Perio	b.
	FEC ID number of contributing federal political committee.	С					,		, y	30	0.00
	Name of Employer (for Individual) Niederman Insurance Agency	Occi Brok	upation (for Individual) er		М	emo	o Ite	əm			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 60.00]							
s	UBTOTAL of Receipts This Page (optional).						,	-	5	155	5.00
т	OTAL This Period (last page this line number	er only)		•			-		1. 10		

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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ITEMIZED RECEIPTS			(ch	neck only	y or	ne)	L			
111			for each category of the Detailed Summary Page		X 11a		11b	11c	12	
	y information copied from such Reports and S									
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit cor	ntrib	utions	from suc	h committ	ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Furr, Kenneth, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 2786 Danbury Ct				02	1	D 26		ү ү 2019	Y
	City Reno	State NV	Zip Code 89523-2259					128556 Receipt tl	31 his Period	
	FEC ID number of contributing federal political committee.	С							30.	
	Name of Employer (for Individual) Menath Insurance Agency	Occi Broł	upation (for Individual) ker		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
в.	Full Name of Individual (Last, First, Middle Init Kite, William, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address PO Box 629				^M M 02	/	26		y y 2019	Y
	City Roanoke	State VA	Zip Code 24004-0629					1285566 Receipt tl	52 his Period	_
	FEC ID number of contributing federal political committee.	С							1400.	00
	Name of Employer (for Individual) D&S Agency	Occ	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
С.	Full Name of Individual (Last, First, Middle Init Singleton, Terry, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 1773 Owasco Street	1			02 ^M	1	27		2019 ^Y	Y
	City Winter Springs	State FL	Zip Code 32708-5614				-	128557 Receipt th	44 his Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	85.	00
	Name of Employer (for Individual) The Enterprise Team	Occi Part	upation (for Individual) ner		M	emc) Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00]						
s	UBTOTAL of Receipts This Page (optional)			•			, .	,	1515.0	00
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmit	ttee											
Α.	Full Name of Individual (Last, First, Middle Ini Underhill, Elizabeth, J., ,	tial) or Full C	Orgar	ization Name		Date of	Re	· ·							
	Mailing Address 5951 Canoga Avenue	State		Zip Code	41	02 T remo	/	1.00	7		20	19	Ŷ		
	Woodland Hills	CA		91367-5010	A			-		285574 ceipt th	-	eriod			
	FEC ID number of contributing federal political committee.	С						,		-		85.0	0		
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.		•	ion (for Individual) e agent		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 370.00											
в.	Full Name of Individual (Last, First, Middle Ini Johnson, Suzanne, K., ,	tial) or Full C	Drgar	ization Name		Date of	Re	ceipt							
	Mailing Address 5955 Carnegie Blvd Suite 150					м м 02	/		D 7	/ Y	201	19 [°]	Y		
	City Charlotte	State NC		Zip Code 28209-4664	A			-		2 85576 ceipt th		əriod			
	FEC ID number of contributing federal political committee.	С		85.00											
	Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occ Bro		ion (for Individual)		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 170.00	1										
C.	Full Name of Individual (Last, First, Middle Ini Fisher, Erin, B., ,	tial) or Full C	Drgar	ization Name		Date of	Re	ceipt							
	Mailing Address 131-6 Courtland Avenue					^M 02	/	D 2	D 27	/ Y	201	19 [°]	Y		
	City Stamford	State CT		Zip Code 06902-3443						285576 ceipt th		eriod			
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	Name of Employer (for Individual) Find Medicare Plans	Occ Brok	•	ion (for Individual)		M	emo) Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 340.00											
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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	Action Com	mittee											
Full Name of Individual (Last, First, Middle A. Cagliola, Victoria, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 1550 Liberty Ridge Drive Suite 250			02 / Y Y Y Y 27 2019										
City Chesterbrook	State PA	Zip Code 19087-5567	Transaction ID : 12855770										
		1000-0001	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		85.00										
Name of Employer (for Individual) Radnor Benefits Group	Occ CP/	upation (for Individual) A	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		170.00]										
Full Name of Individual (Last, First, Middle B. Starr, Gwyn, M., ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 27777 Franklin Rd, Ste 13	00		02 27 2019										
City	State	Zip Code	Transaction ID : 12855772										
Southfield	MI	48034-8282	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) PriorityHealth		upation (for Individual) es Manager	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 60.00]										
Full Name of Individual (Last, First, Middle C. Jetter, Art, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 11305 Chicago Circle			02 27 2019										
City Omaha	State NE	Zip Code 68154-2633	Transaction ID : 12855806										
		00134-2033	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		5000.00										
Name of Employer (for Individual) Art Jetter & Company	Occ Broł	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	1										
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Α.	Full Name of Individual (Last, First, Middle Init Ambro, Heather, , ,	ial) or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 11704 Lackland Industrial Drive	e				м м 02	/		28		/ Y		019	Ŷ		
	City	State		Zip Code		Trans	sact	io	n ID :	: 1	285594	0				
	Saint Louis	MO		63146-4209	/	Amoun	t of	E	ach F	Re	ceipt th	is P	eriod			
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	Name of Employer (for Individual) The ECCHIC Group	Occi	•	ion (for Individual)		М	emo	οI	ltem							
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	Primary General Other (specify) ▼		-	245.00]											
	Full Name of Individual (Last, First, Middle Initi West, Kimberly, J., ,	ial) or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 3205 Valley Oaks					м м 02	/	I	28		/ Y		19	Y		
	City	State		Zip Code	Transaction ID : 12855942											
	White Lake	MI		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	30.00													
	Name of Employer (for Individual) Kim West Insurance Benefits LTD	Occ Age	•	tion (for Individual)		Μ	emo	οI	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ - 5.00]											
с.	Full Name of Individual (Last, First, Middle Initi Selinsky, Steven, , ,	ial) or Full O	rgar	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 28638 Oak Point Drive					^M 02	/		28		/ Y)19 [°]	Y		
	City	State		Zip Code		Trans	sact	tio	n ID :	: 1	285594	6				
	Farmington Hills	MI		48331-2706	/	Amoun	t of	E	ach F	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С						,			y	_	85.0	0		
	Name of Employer (for Individual) Health Alliance Plan		•	ion (for Individual) of Sales		M	emo	0	ltem							
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initi Stearns, Candius, Michelle, ,	al) or Full O	organization Name		Date of	f Re	eceipt			
	Mailing Address 3315 W Big Beaver Rd Ste 125				^M 02	1	28	D / Y	ү ү 2019	Y
	City Troy	State MI	Zip Code 48084-2808	_				1285596 Receipt th		d
	FEC ID number of contributing federal political committee.	С					-		85	.00
	Name of Employer (for Individual) Stearns HR & Compliance Consulting	Occu Brok	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]						
в.	Full Name of Individual (Last, First, Middle Initi Hebert, Tim, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1501 S Lemay Ave Suite 200	Ctoto	Zin Code		02	/	28		2019	Y
	City Fort Collins	State CO	Zip Code 80524-4253				-	1285600 Receipt th	-	d
	FEC ID number of contributing federal political committee.	С					-	-	200	.00
	Name of Employer (for Individual) Sage Benefit Avisors	Occu Brol	upation (for Individual) ker		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]						
C.	Full Name of Individual (Last, First, Middle Initi Duffy, Daniel, T., ,	al) or Full O	Organization Name		Date of	f Re	eceipt			
	Mailing Address Townepark Circle STE 200				02 ^M	1	28		ү ү 2019	Y
	City Louisville	State KY	Zip Code 40243					1285601 Receipt th		d
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		500	.00
	Name of Employer (for Individual) The Legacy Benefits Group	Occu Parti	upation (for Individual) ner		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r					the			se of						
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initia Gorecki, Ettie, Lynn, ,	al) or Full O		Date	e o	of Re	ece	eipt							
	Mailing Address 2005 East 2700 S, Suite 140				02 28 2019 Transaction ID : 12856013										
	City Salt Lake City	State UT	Zip Code 84109-1759	-								D :			
			04100 1100		Amo	oun	it of	i Ea	ach R	eceipi	t this	Period			
	FEC ID number of contributing federal political committee.	С			Ļ			-				365.	00		
	Name of Employer (for Individual)	Occi	upation (for Individual)			Μ	lemo	o It	em						
	Team Nash	Pers	sonal Plans Team Leader												
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	Other (specify) ▼		365.00												
В.	Full Name of Individual (Last, First, Middle Initia Rowe, Peter, L., ,	al) or Full O	organization Name		Date	e o	of Re	ece	eipt						
	Mailing Address 3033 N. Central Ave Suite 810					™)2	/	′	24	1		y y 2019	Ŷ		
	City	State	Zip Code 85012-2804							12856			_		
	Phoenix	AZ		Amo	oun	t of	Ea	ach R	eceipt	t this	Period				
	FEC ID number of contributing federal political committee.	С	50.00												
	Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occ Bro	upation (for Individual) ker			Μ	lemo	o It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]											
С.	Full Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	al) or Full O	Prganization Name		Date	e o	of Re	ece	eipt						
	Mailing Address 38176 Medical Center Avenue)2	/	/	24	/		y 2019	Ŷ		
	City	State	Zip Code		Tr	ans	sact	tior	n ID :	12856	6029				
	Zephyrhills	FL	33540-1380	<u> </u>	Amo	oun	t of	Ea	ach R	eceipt	t this	Period			
	FEC ID number of contributing federal political committee.	С				_		,		,		50.	00		
	Name of Employer (for Individual) The Canadian Drugstore	Occi Brok	upation (for Individual) ker			N	lemo	o It	tem						
	Receipt For: Primary General Other (crecifu)	Aggregate	Year-to-Date ▼ 220.00												
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		Detailed Summary Page	×	11a 13		11b		11c 15	12	17
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NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Hoefener, Patrick, L., ,	e Initial) or Full C	Organization Name		Date of	Re	eceip	t			
Mailing Address 1233 Lincoln Mall, Suite 1				м м 02	1		25	/ Y	ү 2019	Y
City Lincoln	State NE	Zip Code 68508-2876	A					285604 ceipt th	4 is Period	
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Name of Employer (for Individual) Blue Cross and Blue Shield of Nebraska	Occ Bro	upation (for Individual) ker		Me	emo	o Iter	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name of Individual (Last, First, Middle 3. Oleksiak, Edward, M., ,	e Initial) or Full C	Organization Name		Date of	Re	eceip	t			
Mailing Address 12712 Park Central Drive Suite 100				м м 02	1		25	/ Y	2019	Y
City Dallas	State TX	Zip Code 75251-1527						285604 ceipt th	5 is Period	
FEC ID number of contributing federal political committee.	С					-		-	1000.	00
Name of Employer (for Individual) Holmes Murphy & Associates	Occ Bro	upation (for Individual) ker		Me	emo	o Iter	n			
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Full Name of Individual (Last, First, Middle Wolfe, Rosanne, , ,	e Initial) or Full C	Organization Name		Date of	Re	eceip	t			
Mailing Address PO Box 17236				^M 02	/		25	/ Y	y y 2019	Y
City Tucson	State AZ	Zip Code 85731-7236						285605 ceipt th	1 is Period	_
FEC ID number of contributing federal political committee.	С					y		9	100.	00
Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	Occ Brok	upation (for Individual) ker		M	emo	o Iter	n			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 235.00]							
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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Ir James, Keith, A., ,	nitial) or Full O	rganization Name		Date of Receipt											
	Mailing Address 6750 Poplar Avenue, Suite 2			02 / 25 / 2019 Transaction ID : 12856052												
	City Memphis	State TN	Zip Code 38138-7414						285605 eceipt th		eriod					
	FEC ID number of contributing federal political committee.	C					- -				1000.0	0				
	Name of Employer (for Individual) The James Group, LLC	Occi Brol	upation (for Individual) ker		Me	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1												
	Full Name of Individual (Last, First, Middle Ir Kanoza, Rebecca, Ann, ,	nitial) or Full O	rganization Name		Date of	Re	ecei	ipt								
	Mailing Address 4516 E. Camp Lowell Dr.				02	/		25	/ Y)19	Y				
	City Tucson	State AZ	Zip Code 85712-1282						285605 ceipt th		eriod	_				
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	Name of Employer (for Individual) Black, Gould & Associates	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	em								
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	Full Name of Individual (Last, First, Middle Ir Jensen, Cerrina, , ,	nitial) or Full O	rganization Name		Date of	Re	ecei	ipt								
	Mailing Address 2520 Venture Oaks Way #24	10			02 ^M	/	ľ	25	/ Y)19 [°]	Y				
	City Sacramento	State CA	Zip Code 95833-4228						285605		eriod					
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	Name of Employer (for Individual) CoreMark Insurance Services Inc	Brok			M	emc	o Ite	em								
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee													
Α.	Full Name of Individual (Last, First, Middle Init Honig, Stephen, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 3705 Quakerbridge Rd. Suite 216															
	City Mercerville	State NJ	Zip Code 08619-1288													
	FEC ID number of contributing federal political committee.	С							365.	00						
	Name of Employer (for Individual) OCA Benefit Services															
	Receipt For: Primary General Other (specify) ▼	1														
в.	Full Name of Individual (Last, First, Middle Init Butler, Dennis, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address P0 Box 23170) / Y	y y 2019	Y						
	City Lincoln	State NE	Zip Code 68542		Transaction ID : 12856056 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			[.			-	150.	00						
	Name of Employer (for Individual) Daubert & Butler Associates,Inc	upation (for Individual) ker		M	emo	o Item										
	Receipt For: Primary General Other (specify) ▼															
с.	Full Name of Individual (Last, First, Middle Init McPike, Christine, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 1040 N. Cotner Blvd.						02 25 2019									
	City Lincoln	State NE	Zip Code 68505-2229	_												
	FEC ID number of contributing federal political committee.	С			Ē		9	,	500.	00						
	Name of Employer (for Individual) Compensation Programs, Inc.	ompensation Programs, Inc. Vice					o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1												
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$\Big)$	Health Underwriters Political A	ction Com	mittee															
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McPike, Brian, K, ,						Date of Receipt											
	Mailing Address 1040 N. Cotner Blvd.		02 / D D / Y Y Y Y 25 / 2019															
	City				Transaction ID : 12856060													
	Lincoln	INE	68505-2229		Amount of Each Receipt this Period													
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	Name of Employer (for Individual) Compensation Programs, Inc.			Memo Item														
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	Primary General																	
	Other (specify) V		-yr	500.00														
В.	Full Name of Individual (Last, First, Middle Ir Rubio, Hilario, Francisco, ,	nitial) or Full C	rganization Name			Date of	f Re	ceipt										
	Mailing Address 532 Hermosa Circle							02 25 2019										
	City	State	Zip Code		Transaction ID : 12856062													
	Las Vegas	NM	87701-9775	Amount of Each Receipt this Period														
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	ederal political committee. Name of Employer (for Individual) CORE Financial			Memo Item														
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С.	Full Name of Individual (Last, First, Middle Ir Bravo, Gilbert, M., ,	derwriters Political Action Committee idividual (Last, First, Middle Initial) or Full Organization Name n, K, , i 1040 N. Cotner Blvd. Image: State Zip Code NE 68505-2229 r of contributing committee. Image: State Zip Code r of contributing Occupation (for Individual) Programs, Inc. Aggregate Year-to-Date ▼ Image: General Aggregate Year-to-Date ▼ ecify) ▼ State Zip Code NM 87701-9775 An r of contributing C Image: State Zip Code NM 87701-9775 An r of contributing C Image: State Zip Code NM 87701-9775 An r of contributing C Image: State Zip Code NM 8701-9775 An of ontributing C Image: State Zip Code NM 8701-9775 An of contributing C Image: State State State Zip Code AZ 85741-1162	Date of	f Re	ceipt													
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PAGE 33 OF

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Any information copied from such Report or for commercial purposes, other than	ts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committe	erson fo	or the	purp ntrib	oose of	soliciting	g contribu	tions										
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Action Com	mittee																	
Full Name of Individual (Last, First, M A. Underhill, Elizabeth, J., ,	st, First, Middle Initial) or Full Organization Name Date of Receipt																		
Mailing Address 5951 Canoga Avenue		02 / D D / Y Y Y Y 25 / 2019																	
City Woodland Hills	State CA	Zip Code 91367-5010	Transaction ID : 12856065 Amount of Each Receipt this Period																
FEC ID number of contributing federal political committee.	C																		
Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent		Me	emo	Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00]																
Full Name of Individual (Last, First, M B. Trokey, Kevin, , ,	liddle Initial) or Full O	rganization Name		Date of	Re	ceipt													
Mailing Address 215 S. Kirkwood Rd Ste 201	02 / D D / Y Y Y Y 25 2019																		
City Saint Louis	State MO	Zip Code 63122-4359	Transaction ID : 12856066 Amount of Each Receipt this Period																
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Name of Employer (for Individual) Q4intelligence	ame of Employer (for Individual) Occupation (for Individual) Aintelligence Broker																		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]																
Full Name of Individual (Last, First, M Furay, Guy, V. , ,	C	Date of	Re	ceipt															
	Mailing Address 114 Trade Street								02 25 2019										
City Greer	State SC	Zip Code 29651-3428	A				1285607 eceipt th	77 nis Period											
FEC ID number of contributing federal political committee.	C					, . , .		1000.	00										
Name of Employer (for Individual) The Insurance Source	Occi Brok	upation (for Individual) er		Memo Item															
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]																
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PAGE 34 OF

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	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee												
A.	Full Name of Individual (Last, First, Middle Waltman, Jessica, Fulginiti, ,	Initial) or Full C	Prganization Name		Date of Receipt										
	Mailing Address 10 Doyle Road			м м 02	/	D 2		/ Y		019	Y				
	City Wayne	State PA	Zip Code 19087-3903		Transaction ID : 12856078 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			75.00 Memo Item										
	Name of Employer (for Individual) Forward Health Consulting		upation (for Individual) Icipal												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 160.00												
B.	Full Name of Individual (Last, First, Middle Carmichael, Stacy, Anne, ,		Date of Receipt 02 / 25 / 2019												
	Mailing Address 601 SW 2nd Ave														
	City Portland	State OR	Intransaction ID : 128												
	FEC ID number of contributing federal political committee.			150.00											
	Name of Employer (for Individual) Moda Health, Inc		upation (for Individual) ector of Sales		M	emc) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00												
C.	Full Name of Individual (Last, First, Middle Davis, Brad, , ,		Date of	f Re	eceipt										
	Mailing Address 509 Bush Street		02 25 2019												
	City Woodland	State CA	Zip Code 95695-3938						285608 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	C					,		,	_	750.0	00			
	Name of Employer (for Individual) WSR Insurance Services	Occ	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00												
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
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			person for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee					
Full Name of Individual (Last, First, Mi A. Pedersen, Jill, L., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pedersen, Jill, L., ,						
-	Mailing Address 16325 Boones Ferry Rd #204						
City Lake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 12856084 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) Columbia Benefit Solutions, Inc.	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.00]				
Full Name of Individual (Last, First, Mi B. Cochran, Stacy, , ,	Date of Receipt						
Mailing Address 2131 Fawkes Lane	02 25 2019						
City Roanoke	State TX	Zip Code 76262-9048	Transaction ID : 12856087 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		365.00				
Name of Employer (for Individual) Caprock Health Group	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]				
Full Name of Individual (Last, First, Mi c. Sieniawski, Stanley, A., ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3768 Avon Lake Rd.	02 25 2019						
City Litchfield	State OH	Zip Code 44253-9522	Transaction ID : 12856089 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer (for Individual) InsureOne Benefits, Inc	Occi Brok	upation (for Individual) xer	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]				
SUBTOTAL of Receipts This Page (option	onal)		915.00				
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	nmit	ttee															
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ayers, Randolph, J., ,						Date of Receipt												
	Mailing Address 4151 Executive Pkwy, Suite		^M 02	1	D	25	/ Y			Y									
	City Westerville	State OH		Zip Code 43081-3872	Transaction ID : 12856090 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer (for Individual) National United Brokers Inc.	Occi Brol	•	ion (for Individual)		M	emc	o Itei	m										
	Receipt For: Primary General Other (specify) ▼																		
В.	Full Name of Individual (Last, First, Middle In Kaiser, Andrew, , ,	Date of Receipt																	
	Mailing Address P. O. Box 3858																		
	City Hickory	State NC		Zip Code 28603-3858	Transaction ID . 1203009														
	FEC ID number of contributing federal political committee.	ů – Elektrik								365.00									
	Name of Employer (for Individual) Broome Associated Insurance Agency	Name of Employer (for Individual) Occupation (for Individual) Broome Associated Insurance Agency Director of Health & Benefits									Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.00															
	Full Name of Individual (Last, First, Middle Ir Morier, Dennis, J., ,	nitial) or Full O	Orgar	nization Name		Date of	Re	eceip	ot										
	Mailing Address 601 Abbott St	M M / D D / Y Y Y Y Y																	
	City Detroit	State MI		Zip Code 48226-2513						285609 ceipt th		eriod							
	FEC ID number of contributing federal political committee.	С																	
	Name of Employer (for Individual) Results Marketing, Inc.		ion (for Individual) e Agent		M	emo	o Ite	em											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1225.00															
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SCHEDULE A (FEC Form 3X) -

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
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\ \	e of COMMITTEE (In Full) alth Underwriters Political Act	ion Com	mittee							
	lame of Individual (Last, First, Middle Initi Aillan, Tracy, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
Mailin	g Address 608 Matlock Centre Circle				м м 02	/	D 25		ү ү 2019	Y
City Arling	gton	State TX	Zip Code 76015-2536					1285609 Receipt th		b
	ID number of contributing al political committee.	С					-y		500	.00
McMi	e of Employer (for Individual) Ilan Insurance Agency pt For:	Pres	upation (for Individual) sident/Agent Year-to-Date ▼		M	emo	tem			
	Primary General Other (specify) ▼		500.00]						
	lame of Individual (Last, First, Middle Initi toe, Kelly, Don, ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	g Address 807 8th Street, Suite 300						D 10		y y 2019	Y
City Wichi	ita Falls	State TX	Zip Code 76301-3317					1285609		
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	e of Employer (for Individual) cial Partners	Occi Brol	upation (for Individual) ker		M	emo	ttem			
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	lame of Individual (Last, First, Middle Initi fert, Gregory, J., ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
Mailin City	g Address P.O. Box 189 916 Main Street	State	Zip Code		02 Trans		26		2019	Ŷ
	couver	WA	98666-0189					Receipt th		d
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West	e of Employer (for Individual) Coast Ins Services dba Biggs Ins	Occu Brok	upation (for Individual) er		M	emo	o Item			
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 235.00]						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)								
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mide A. Mihalyi-Stiffler, Patricia, , ,	dle Initial) or Full O	rganization Name	Da	Date of Receipt									
Mailing Address 155 N. Riverview Drive				02 ^M	/ D 26		2019	Ŷ					
City Anaheim	State CA	Zip Code 92808-1225				: 1285610 Receipt th							
FEC ID number of contributing federal political committee.	С						75.						
Name of Employer (for Individual) Options in Insurance	Occi Brol	upation (for Individual) ker		Mer	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 117.00											
Full Name of Individual (Last, First, Mide B. Cooper, Catherine, L., , Mailing Address 39500 High Pointe Blvd.		rganization Name		te of I	Receipt	D / Y	YYY	Ý					
City	State	Zip Code		02	26) : 1285610	2019						
Novi	MI	48375-5517				Receipt th							
FEC ID number of contributing federal political committee.	С						300.	.00					
Name of Employer (for Individual) Health Alliance Administrators	Occ Bro	upation (for Individual) ker		Mer	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00											
Full Name of Individual (Last, First, Mide C. Mayer, Frank, , ,	dle Initial) or Full O	rganization Name	Da	te of I	Receipt								
Mailing Address 1450 W Long Lake Suit			M	02 ^M	/ D 26		2019	Ŷ					
City Troy	State MI	Zip Code 48098-6355				: 128561 1 Receipt th							
FEC ID number of contributing federal political committee.	C			_	y	y	500.	.00					
Name of Employer (for Individual) Cornerstone Group	Occi Brok	upation (for Individual) Ker		Mei	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 500.00											
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,				, , ,	· · ·	875.	00					

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 verson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)		adiess of any political commute									
Health Underwriters Polit	cal Action Com	mittee									
Full Name of Individual (Last, First, M Whang, Victor, , ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 33970 23 Mile Rd.			M M / D D / Y Y Y Y 02 26 2019								
City Chesterfield	State MI	Zip Code 48047-4005	Transaction ID : 12856112 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		150.00								
Name of Employer (for Individual) Insurance Warehouse		upation (for Individual) ker/Agent	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	1								
Full Name of Individual (Last, First, M B. Smith, Nathaniel, M., ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5200 77 Center Drive			02 / D D / Y Y Y Y 02 26 2019								
City Charlotte	State NC	Zip Code 28217-0712	Transaction ID : 12856115								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) Rogers Benefit Group	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]								
Full Name of Individual (Last, First, M C. Cohen, Jerod, S., ,	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 617 Oberlin Road			02 / D D / Y Y Y Y 26 2019								
City Raleigh	State NC	Zip Code 27605-1126	Transaction ID : 12856117 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		365.00								
Name of Employer (for Individual) Snipes Insurance Service, Inc		upation (for Individual) efits Consultant	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00]								
SUBTOTAL of Receipts This Page (op	tional)		880.00								
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Po	litical Action Com	mittee								
Full Name of Individual (Last, First Gray, Michael, D., ,	t, Middle Initial) or Full O	organization Name	Date of Receipt							
Mailing Address 233 South 13th S	treet, Suite 1650		02 26 2019 Transaction ID : 12856118 Amount of Each Receipt this Period							
City Lincoln	State NE	Zip Code 68508-2036								
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) The Harry A. Koch Co	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	1							
Full Name of Individual (Last, Firs B. Sklar, Erika, , , Mailing Address 1415 Walton Blvd	-	rganization Name	Date of Receipt							
City	State	Zip Code	02 26 2019 Transaction ID : 12856119							
Rochester Hills FEC ID number of contributing federal political committee.	C	48309-1775	Amount of Each Receipt this Period							
Name of Employer (for Individual) The Crawford Insurance Group	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 376.00]							
Full Name of Individual (Last, First, Grangard, Kathleen, F.,	,	organization Name	Date of Receipt							
Mailing Address 4200 Northcorp F Suite 185 City	Parkway	Zip Code	02 / 27 / 2019							
West Palm Beach	FL	33410-4314	Transaction ID : 12856129 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) Gehring Group Receipt For:	coc		Memo Item							
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	NAME OF COMMITTEE (In Full)	name anu a	udiess of any political committee			TUTIC	JULIONS		T COMMILLE	J U .			
	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Rice, Russell, Lee, ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 8830 Buckskin Dr				02 ^M	/	D 10 27	D / Y	2019	Y			
	City Boerne	State TX	Zip Code 78006-5554		Transaction ID : 12856134 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>				500.0)0			
	Name of Employer (for Individual) AVESIS, Inc.	Occi Broł		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	rimary General											
в.	Full Name of Individual (Last, First, Middle Initi Embry, Michael, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 26555 Evergreen Road Suite 535				02	1) / Y	y y 2019	Y				
	City Southfield	State MI	Zip Code 48076-4213	-				1285613 Receipt th	5 nis Period				
	FEC ID number of contributing federal political committee.	С							1000.0)0			
	Name of Employer (for Individual) Comprehensive Benefits	Occ Bro	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General	Aggregate	Year-to-Date V										
	Other (specify) ▼	L	1830.00										
C.	Full Name of Individual (Last, First, Middle Initi Giles, John, Keith, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 2425 Pineapple Ave Suite 508 City	State	Zip Code		02) '	27		2019	Y			
	Melbourne	FL	32935-6699						nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	365.0)0			
	Name of Employer (for Individual) Verus Health Partners	Occi Brok		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1 ¹								
			person 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 Nelson, John, J., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 32110 Agoura Rd			02 28 2019								
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : 12856154 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		5000.00								
Name of Employer (for Individual) Warner Pacific Insurance Services	Occi Broł	upation (for Individual) Ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]								
Full Name of Individual (Last, First, Middle Meyhoff, Jennifer, , , Mailing Address 1031 W 4th Ave., Ste 400	Initial) or Full O	rganization Name	Date of Receipt								
City	State	Zip Code	02 28 2019 Transaction ID : 12856165								
Anchorage	AK	99501-5905	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		365.00								
Name of Employer (for Individual) Marsh & McLennan Agency LLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]								
Full Name of Individual (Last, First, Middle C. Sweeney, Michelle, J., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 30 Warder St., # 200 PO Box 209			02 / ^D D / <u>Y Y Y Y</u> 28 2019								
City Springfield	State OH	Zip Code 45504-2581	Transaction ID : 12856169 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual) Wallace & Turner Inc.	Occi Brok	upation (for Individual) er	Memo Item								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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Detailed Summary Page X 11a 11b 11c 12 16	ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
any information coded from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions or for commercial purposes, other than using the name and address of any policial committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A: Formation, Exa, Jean, A: Formation, Exa, Jean, Mailing Address 1804 Juan Tabo NE, Ste A City A: Formation, Exa, Jean, Receipt For: Optime of Employer (for individual) Benefit Source Receipt For: Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hayes, Judith, A., , Mailing Address 17 Hialeah Circle City Other (specify) w Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hayes, Judith, A., , Mailing Address 18 Rowing Address 19 Period Full Name of Individual (Last, First, Middle Initial) or Full Organization Name City City Other (specify) w Aggregate Year-to-Date v Full Name of Individual (Last, First, Middle Initial) or Full Organization Name City<	II EIVILED RECEIFIO			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	nittee										
Α.	Full Name of Individual (Last, First, Middle Initia Ownby, Kevin, Michael, ,	al) or Full Or	ganization Name		Date of Receipt								
	Mailing Address PO Box 4400				02	1	D 28		Y	ү 2019	Y		
	City Sevierville	State TN	Zip Code 37864-4400		Transaction ID : 12856177 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			1000.00								
	Name of Employer (for Individual) Ownby Insurance Service, Inc.	Occu Ager	pation (for Individual) nt		M	emo	b Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
в.	Full Name of Individual (Last, First, Middle Initia Schmidt, Kenneth, L., ,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 1332 Hunters Hollow Court		02 / D D / Y Y Y Y Y 28 2019										
	City Eureka	State MO	Zip Code 63025-1051				ion ID Each			8 is Period	1		
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С.	Full Name of Individual (Last, First, Middle Initia Stricker, Gerald, J., ,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 5708 Farlook Dr				02 ^M	1	D 28		Y	ү ү 2019	Ŷ		
	City Cincinnati	State OH	Zip Code 45247-6924				t ion ID Each			2 is Period	1		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		9	750.	.00		
	Name of Employer (for Individual) Walter P. Dolle Ins. Agency	Occu Broke		M	emo	o Item							
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SCHEDULE A (FEC Form 3X) -

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PAGE 45 OF

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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee										
Full Name of Individual (Last, First, Mide Smith, Bradley, J., ,	dle Initial) or Full O	rganization Name	Dat	Date of Receipt								
Mailing Address 13710 FNB Parkway Suite 400				02 [™]	/ D 2	28 / Y	2019	Y				
City Omaha	State NE	Zip Code 68154-5298				: 1285618 Receipt th						
FEC ID number of contributing federal political committee.	С				-9-		365.	00				
Name of Employer (for Individual) Lockton Companies, LLC	Occi Brol	upation (for Individual) Ker		Me	mo Item							
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Full Name of Individual (Last, First, Mide B. Rubio, Hilario, Francisco, ,	dle Initial) or Full O	rganization Name	Dat	te of	Receipt							
Mailing Address 532 Hermosa Circle			02	/ D 2	28 / Y	y y 2019	Y					
City Las Vegas	State NM	Zip Code 87701-9775				: 4330857						
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Mailing Address 3205 Valley Oaks			- L	02 ^M		28	2019	Y				
City White Lake	State MI	Zip Code 48383-3447				D: 433156 Receipt th	-					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Reynolds, Heather, N., , Mailing Address 1000 Woodbury Road Suite 403	ial) or Full O	rganization Name		Date c		_	ipt 28	/ Y	2019	Y		
	City Woodbury	State NY	Zip Code 11797-2530		Tran			n ID : 4	333841 ceipt th				
	FEC ID number of contributing federal political committee.	С								150.	00		
	Name of Employer (for Individual) FNA Insurance Services, Inc. Receipt For: Primary General Other (specify) ▼	Chie	upation (for Individual) ef Compliance Year-to-Date ▼ 250.00		N	lemo	o Ite	em					
	Full Name of Individual (Last, First, Middle Initi Giles, John, Keith, ,	ial) or Full O	rganization Name		Date c	of Re	ecei	ipt					
	Mailing Address 2425 Pineapple Ave Suite 508 City Melbourne	State FL	Zip Code 32935-6699	Model / D / Y									
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	Name of Employer (for Individual) Verus Health Partners	Occ Bro	upation (for Individual) ker										
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	Full Name of Individual (Last, First, Middle Initi Greene, Sean, C., ,	ial) or Full O	rganization Name		Date c	of Re	ecei	ipt					
	Mailing Address 6096 Innovation Way				02		L	D D D 28	ΙL	2019 ^Y	Y		
	City Carlsbad	State CA	Zip Code 92009-1741						1336365 eceipt th	5 nis Period			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name of Individual (Last, First, Middle Initial) Starr, Gwyn, M., ,) or Full O	rganization Name		Date of Receipt									
	Mailing Address 27777 Franklin Rd, Ste 1300													Y
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в.	Full Name of Individual (Last, First, Middle Initial) Murray, Martha, , ,) or Full O	rganization Name		Date	e of	Re	ece	ipt					
	Mailing Address 2030 Parrish Dr				02 / D D / Y Y Y Y 02 28 2019									
	City	State	Zip Code		Tra	ins	acti	ion	ID :	437	70287			
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) Webb, Charles, A., ,) or Full O	rganization Name		Date	e of	Re	ece	ipt					
	Mailing Address 2670 Electric Rd				0	2 [™]	1	[28		/ Y	ү 20	19 [°]	Y
	City	State	Zip Code		Tra	ans	act	tior	ו ID :	437	70391			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Smith, Michael, David, ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 233 West Main Street				^M 02	1	D 28		үүү 2019	Y			
	City Lewisville	State TX	Zip Code 75057-3863					: 4371447 Receipt th	7 his Period				
	FEC ID number of contributing federal political committee.	С					-y 1		150.0	00			
	Name of Employer (for Individual) The Brokerage, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
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в.	Full Name of Individual (Last, First, Middle Initi Nigro, Samuel, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 17117 Oak Drive Suite D		02 / 28 / 2019										
	Omaha	State NE	Zip Code 68130-2193				i <mark>on ID</mark> : Each I	7 his Period					
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	Mailing Address 32 Fox Chase Run				02 ^M	1	D 28		ү ү 2019	Y			
	City Hillsborough	State NJ	Zip Code 08844-2130					: 468411 Receipt th	5 his Period				
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	Name of Employer (for Individual) FNA Insurance Services	Occu Vice		Me	emo	o Item							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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$\Big\rangle$	Health Underwriters Political Ac	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Ini Maxwell, Lisa, , ,	tial) or Full O	rganization Name	•	Date of	Re	eceipt							
	Mailing Address G3526 Miller Rd. Suite B				02 ^M	1	D 2		/ Y	үүү 2019	Y			
	City Flint	State MI	Zip Code 48507-1286	/					61370 eipt th	is Period	ł			
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	Name of Employer (for Individual) Security First Benefits Corporation		upation (for Individual) es Manager		M	emo	b Item							
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	Mailing Address 1550 Liberty Ridge Drive Suite 250		7.0.1	02 / 28 / 2019 Transaction ID : 4989677										
	City Chesterbrook	State PA	Zip Code 19087-5567							is Period	4			
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с.	Full Name of Individual (Last, First, Middle Ini Niederman, Brad, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1745 Shea Center Dr 4th Floor	01-1-	7.0.0		02	1	a second se	8		2019 [°]				
	City Highlands Ranch	State CO	Zip Code 80129-1537				-			6502032 is Perioc				
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 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, Middle Spleet, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2444 East Hill Rd.			M M / D D / Y Y Y Y 02 28 2019
City Grand Blanc	State MI	Zip Code 48439-5098	Transaction ID : PR433316620324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Franklin Benefit Solutions	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$100.00 Monthly)
Full Name of Individual (Last, First, Middle B. Watts, Jessica, J., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 401 Congress Ave	State	Zip Code	02 / D D / Y Y Y Y 28 2019
Austin	TX	78701-4071	Transaction ID : PR433425120324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Frost Insurance		upation (for Individual) Benefits Compliance	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle C. Trautwein, Janet, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1212 New York Ave. NW			02 / D D / Y Y Y Y 28 2019
City Washington	State DC	Zip Code 20005-3987	Transaction ID : PR436821420324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) NAHU	Occi CEC	upation (for Individual))	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$170.00 Monthly)
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		430.00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
I LIVILLU KEULIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12
			13 14 15 16 17 person for the purpose of soliciting contributions se 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. Heemskerk, Cornelis, A., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1901 Butterfield Road Suite 120			02 28 / Y Y Y Y 02 28 2019
City Downers Grove	State IL	Zip Code 60515-7928	Transaction ID : PR436826920324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer (for Individual) Everlong Captive	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Monthly)
Full Name of Individual (Last, First, Middle B. Berman, David, A, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8805 Sawleaf Road City	State	Zip Code	02 28 2019 Transaction ID : PR436829720324
Indianapolis	IN	46260-1534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Neace Lukens Holding Company, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle Ashmore, Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6102 82nd St, Bldg #6			M M / D D / Y Y Y Y 02 28 2019
City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830320324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occi Brok	upation (for Individual) xer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$170.00 Monthly)
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			► 405.00

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	— 1-7	
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nittee								
A.	Full Name of Individual (Last, First, Middle Initia Cociu, Dorothy, M., ,	al) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address P.O. Box 6677				м м 02	1	D D D 28	/ Y	ү ү 2019	Y	
	City Fullerton	State CA	Zip Code 92834-6677	_					44620324 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>				160.	00	
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occu Brok	pation (for Individual) er		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]	P/R Dedu	uctio	on (\$85.	00 Montl	hly)		
в.	Full Name of Individual (Last, First, Middle Initia Daugherty, Cathy, M., ,	al) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 1122 East Lincoln Avenue Suite 203	Ototo	Zie Oode		02	/	D D D 28	/ Y	ү 2019	Y	
	City Orange	State CA	Zip Code 92865-1908	-			-		10820324 his Period		
	FEC ID number of contributing federal political committee.	С				U	1		50.	_	
	Name of Employer (for Individual) Bridge Port Benefits	Occu Parti	pation (for Individual) ner		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00	F	P/R Dedu	uctio	on (\$75.	00 Week	ily)		
C.	Full Name of Individual (Last, First, Middle Initia Booth, Tonya, S., ,	al) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 275 W. Campbell Road Suite 215 - LB 16	1.0			^M 02	/	28		2019		
	City Richardson	State TX	Zip Code 75080-8001						11020324 nis Period		
	FEC ID number of contributing federal political committee.	C			<u> </u>		,	, ,	192.	00	
	Name of Employer (for Individual) Upshaw Insurance Agency	Occu Broke	pation (for Individual) er		Me	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	1	P/R Ded	ucti	on (\$42.	.00 Mont	hly)		
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee										
Full Name of Individual (Last, First, Middle Seifert, Gregory, J., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P.O. Box 189 916 Main Street			M M / D D / Y Y Y Y Y 02 28 2019									
City Vancouver	State WA	Zip Code 98666-0189	Transaction ID : PR436941620324 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) West Coast Ins Services dba Biggs Ins	Occu Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, First, Middle B. Johnson, Suzanne, K., ,		rganization Name	Date of Receipt									
Mailing Address 5955 Carnegie Blvd Suite 1			02 / D D / Y Y Y Y 28 2019									
City Charlotte	State NC	Zip Code 28209-4664	Transaction ID : PR436977020324 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		75.00									
Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$175.00 Monthly)									
Full Name of Individual (Last, First, Middle C. Parker, John, C., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 38 Hope St Unit 1312			02 / D D / Y Y Y Y Y 28 2019									
City Niantic	State CT	Zip Code 06357-2454	Transaction ID : PR436986820324 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		175.00									
Name of Employer (for Individual) Parker Agency	Occu Brok	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	P/R Deduction (\$100.00 Monthly)									
SUBTOTAL of Receipts This Page (optional).			335.00									
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\	AME OF COMMITTEE (In Full) lealth Underwriters Political Action	on Comi	nittee							
	ull Name of Individual (Last, First, Middle Initia Fristoe, Kelly, Don, ,	l) or Full Or	ganization Name		Date of	Re	eceipt			
	ailing Address 807 8th Street, Suite 300				м м 02	1	28		Y Y 2019	Y
	ity Vichita Falls	State TX	Zip Code 76301-3317	_					02320324 nis Period	
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	ull Name of Individual (Last, First, Middle Initia Gray, Michael, D., ,	l) or Full Or	ganization Name		Date of	Re	eceipt			
M	ailing Address 233 South 13th Street, Suite 165				02	/	28		2019	Y
	ity incoln	State NE	Zip Code 68508-2036				-		16720324 his Period	
FI	EC ID number of contributing deral political committee.	С				U			275.0	
	ame of Employer (for Individual) ne Harry A. Koch Co	Occu Brok	pation (for Individual) er		Me	emc	tem			
R [eceipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 475.00	I P	9/R Dedu	uctio	on (\$10	0.00 Mon	thly)	
	ull Name of Individual (Last, First, Middle Initia Olson, Terri, M., ,	l) or Full Or	ganization Name		Date of	Re	eceipt			
	ailing Address P. O. Box 21479	1			02 ^M	1	28		ү ү 2019	Y
	ity Keizer	State OR	Zip Code 97307-1479						70220324 nis Period	
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R	eceipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 430.00		P/R Ded	ucti	on (\$65	.00 Mont	hly)	
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	olicit cor	ntrib	outions	from suc	h committ	ее.				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Init Alberts, Suzetta, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 26555 Evergreen Drive Ste 535				м м 02	1	D 28		Y Y 2019	Y				
	City Southfield	State MI	Zip Code 48076-4213						76120324 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>				84.0	00				
	Name of Employer (for Individual) Comprehensive Benefits, Inc.	Occu Brok	upation (for Individual) ker		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 243.00]	P/R Dedu	ucti	on (\$84	.00 Montl	hly)					
в.	Full Name of Individual (Last, First, Middle Init Henehan, Joseph, E., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 685 Carnegie Dr., Ste. #205				02	/	28		2019	Y				
	City San Bernardino	State CA	Zip Code 92408-3550	-					97920324					
	FEC ID number of contributing federal political committee.	C			U			nis Period 255.0)0					
	Name of Employer (for Individual) The Henehan Company	Occi Bro	upation (for Individual) ker		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00] P	9/R Dedu	uctio	on (\$25	5.00 Mon	thly)					
	Full Name of Individual (Last, First, Middle Init Roberts, Joseph, K., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1128 Lincoln Mall Suite 200				^M 02	1	28		2019					
	City Lincoln	State NE	Zip Code 68508-2878						18020324 his Period					
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	9	170.0	00				
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]	P/R Ded	ucti	on (\$17	'0.00 Mor	nthly)					
s	UBTOTAL of Receipts This Page (optional)			•			, .	9	509.0)0				
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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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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliditing contributions from such committee NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Benton, Bruce, D., ., Mailing Address 17200 Ventura Blvd Suite 312 City State FEC. ID number of contributing federal political committee. Name of Employer (for Individual) General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffey, Patricia, A., , Mailing Address 56294 Primores Circle City State Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Name of Employer (for Individual) general political committee. Name of Employer (for Individual) general Occupation (for Individual) general Occupation (for Individual) general Occupation (for Individual) general Occupation (for Individual)				Detailed Summary Page	×	11a 13	_	11b		11c 15	\square	12 16	17			
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Benton, Bruce, D., Mailing Address 17200 Ventura Bivd Suite 312 City Perimary Genesis Financial & Insurance Services Broker Receipt For: Primary Genesis Financial & Insurance Services Broker Broker Bell Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffey, Patricia, A., . Mailing Address 56294 Primrose Circle City State Pinnary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pinnary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pin Name of Employer (for Individual) Broker Receipt For: Page 1 Maidleante Name of Employer (for Individual) Decuption (for Individual) Decuption (for Individual) Decuption (for Individual) Decuption (for Individual)						or the		pose c		oliciting		ntributi	ons			
A. Berlon, Bruce, D., . Malling Address 17200 Ventura Blvd State 21p Code City State 21p Code Encino CA 9316-5018 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer (for Individual) Occupation (for Individual) Beroker Receipt For: Primaral Aggregate Year-to-Date ▼ Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Griffy, Patricia, A., . Malling Address 56294 Primrose Circle C City State Zip Code Transaction ID: PR43713332324 Receipt For: Prepring (r) General Occupation (for Individual) Prepring (r) General Occupation (for Individual) Prepring (r) Page 1 Medicate Occupation (for Individual) Prepring (r) Prepring (r) Page 1 Medicate Aggregate Year-to-Date ▼ Primosoti of Each Receipt His Period Prepring (r) General Occupation (for Individual) Prepring (r) Prepring (r) General Occupation (for Individual) Prepring (r) Preceipt Receipt For:<	\rangle		tion Com	mittee												
Suite 312 28 2019 City State Zip Code Transaction ID: PR43713200324 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for individual) General Occupation (for individual) PrR Deduction (\$35.00 Monthly) Genesis Finance Services Bicker PrR Deduction (\$35.00 Monthly) PrR Deduction (\$35.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 02 2019 City State Zip Code 75.00 75.00 Receipt For: C C 75.00 75.00 Page 1 Medicare C 75.00 75.00 75.00 Receipt For: C Aggregate Year-to-Date ▼ PrR Deduction (\$75.00 Weekly) PrR Deduction (\$75.00 Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 75.00 City Aggregate Year-to-Date ▼ PrR Deduction (\$75.00 Weekly) PrR Deduction (\$75.00 Weekly) City Anthorage Atk 210 Code Amount of Each Receipt this Period City Alard, First, Middle I	-		tial) or Full O	rganization Name	Date of Receipt											
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Genesis Financial & Insurance Services Broker Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$85.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cirifley, Patricia, A, , Mailing Address 56294 Primrose Circle City State Ikhant Name of Employer (for Individual) Page 1 Medicare Primary General Other (specify) Occupation (for Individual) Feceipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) V Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$75.00 Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$75.00 Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Anount of Each Receipt this Period 22 City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Anount of Each Receipt thi			C							-	_	85.0	0			
Primary General Piglegale tear/0.0246 * P/R Deduction (\$85.00 Monthly) Primary General 295.00 P/R Deduction (\$85.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Transaction ID : PR43713530324 Amount of contributing C 75.00 FeC ID number of contributing Occupation (for Individual) Price Page 1 Medicare Occupation (for Individual) Price Primary General Occupation (for Individual) Price Primary General Occupation (for Individual) Price Primary General Occupation (for Individual) Price City Allard, Terry,		,				M	emo	o Item								
B. Griffey, Patricia, A., , Date of Receipt Mailing Address 56294 Primrose Circle 02 / 28 / 2019 City State Zip Code Elkhart IN 46516-1509 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Page 1 Medicare Broker Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$75.00 Weekly) FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Allard, Terry, , Mailing Address 3000 A Street, Suite 400 Date of Receipt City State Zip Code Transaction ID : PR437182320324 Anchorage Ak 99503-4040 P/R Deduction (\$75.00 Weekly) City Anchorage Ak 99503-4040 FEC ID number of contributing federal political committee. C 300.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item Preceipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Monthly) P/R Deduction (\$250.00 Monthly) F/R Deduction (\$250.00 Monthly) P/R Deduction (\$250.00 Monthly)		Primary General	Aggregate		P/	/R Ded	uctio	on (\$8	5.0	0 Month	ıly)					
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Page 1 Medicare Broker Page 1 Medicare Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 275,00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Allard, Terry, , , Date of Receipt Mailing Address 3000 A Street, Suite 400 02 City State Anchorage AK PEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) The Wilson Agency, LLC Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼			С			75.00										
Primary General Other (specify) ▼ 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Allard, Terry, , , Mailing Address 3000 A Street, Suite 400 02 City State Zip Code Anchorage AK 99503-4040 FEC ID number of contributing federal political committee. C Ark Name of Employer (for Individual) Occupation (for Individual) Memo Item The Wilson Agency, LLC Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Monthly) Primary General Other (specify) 550.00						M	emo	o Item								
C. Allard, Terry, , , Mailing Address 3000 A Street, Suite 400 City State Zip Code Anchorage AK 99503-4040 FEC ID number of contributing federal political committee. C 300.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item The Wilson Agency, LLC Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Monthly) Other (specify) General 550.00 P/R Deduction (\$250.00 Monthly)		Primary General	Aggregate		P/	'R Dedi	uctio	on (\$75	5.00) Week	ly)					
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FEC ID number of contributing federal political committee. C 300.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item The Wilson Agency, LLC Broker Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Monthly) Other (specify) 550.00 P/R Deduction (\$250.00 Monthly)		•														
The Wilson Agency, LLC Broker Receipt For: Aggregate Year-to-Date ▼ Other (specify) 550.00		8	С			Amount	. 01	J		, seipt in			0			
Primary General Other (specify) 550.00		The Wilson Agency, LLC		· · · · · · · · · · · · · · · · · · ·		M	emc	o Item								
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	itions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Braden, Victoria, J., ,	al) or Full Oi	rganization Name		Date of	Re	ceipt			
	Mailing Address 3875 Johns Creek Parkway, Su	lite C			02 ^M	/	28) / Y	y y 2019	Y
	City Suwanee	State GA	Zip Code 30024-1294					PR43720 Receipt th		
	FEC ID number of contributing federal political committee.	C						1 - 7F	250	.00
	Name of Employer (for Individual) Braden Benefit Strategies, Inc	Occu Brok	ipation (for Individual) er		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00] f	P/R Ded	uctio	on (\$25	0.00 Mon	thly)	
в.	Full Name of Individual (Last, First, Middle Initia Cooper, Catherine, L., , Mailing Address 39500 High Pointe Blvd., Suite		rganization Name		Date of	Re	ceipt) / Y	YY	Y
	City	State	Zip Code		02 Trans	acti	28 on ID :	PR43721	2019 832032 4	
	Novi	MI	48375-5517		Amount	of	Each R	Receipt th	is Period	I
	FEC ID number of contributing federal political committee.	С							85	00
	Name of Employer (for Individual) Health Alliance Administrators	Occu Brok	upation (for Individual) ker		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.00] F	P/R Dedu	uctic	on (\$85.	.00 Month	nly)	
с.	Full Name of Individual (Last, First, Middle Initia Gardner, Joy, K., ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 9424 Double R Blvd				^M 02	/	28		2019	
	City Reno	State NV	Zip Code 89521-5977	_				PR4372: Receipt th		
	FEC ID number of contributing federal political committee.	С			Ē		y .	. ,	47	00
	Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occu Brok	ipation (for Individual) er		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 244.00] '	P/R Ded	uctio	on (\$47	.00 Montl	hly)	
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	y information copied from such Reports and S for commercial purposes, other than using the				the p	urp		f soli				
<u></u>	NAME OF COMMITTEE (In Full)	name anu a				not		nom	Suci	Commi	liee.	
\rangle	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Rowe, Peter, L., ,	ial) or Full O	rganization Name	Dat	te of	Rec	ceipt					
	Mailing Address 3033 N. Central Ave Suite 810				02 ^M	/	28		Y	ү ү 2019	Y	
	City Phoenix	State AZ	Zip Code 85012-2804							6920324 is Period		
	FEC ID number of contributing federal political committee.	С					,		- -	170	.00	
	Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occu Brok	ipation (for Individual) er		Me	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R	Dedu	ctio	n (\$17	70.00	Mon	thly)		
B.	Full Name of Individual (Last, First, Middle Init Summers, James, F., ,		rganization Name	Dat	te of	Rec	ceipt					
	Mailing Address 8420 West Dodge Road, 5th F		7.0.04		02	/	28		Y	2019	Y	
	City Omaha	State NE	Zip Code 68114-3443							1020324		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occu Broł	upation (for Individual) ker		Me	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R	Dedu	ctio	n (\$12	25.00	Mont	hly)		
	Full Name of Individual (Last, First, Middle Init Mihalyi-Stiffler, Patricia, , ,	ial) or Full O	rganization Name	Dat	te of	Rec	ceipt					
	Mailing Address 155 N. Riverview Drive				02 [™]	/	28		Y	y y 2019	Y	
	City Anaheim	State CA	Zip Code 92808-1225							2612032 is Perioc		
	FEC ID number of contributing federal political committee.	С			_		,		y	92	.00	
	Name of Employer (for Individual) Options in Insurance	Occu Brok		Me	mo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 209.00	P/R Deduction (\$42.00 Monthly					nly)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Detailed Summary Page	×	11a 13] 11 14		11c			17	
	y information copied from such Reports and Statement for commercial purposes, other than using the name a				or the		pos	se of s			ributio		
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Action C	comm	ittee										
A.	Full Name of Individual (Last, First, Middle Initial) or F Farrell, Jennifer, Liane, ,	ull Orga	anization Name	C	ate of	f Re	ecei	pt					
	Mailing Address 3800 North Central Avenue 9th Floor City State	e	Zip Code	- [M M 02 Trans		L	28 ID : F	/ Y PR4373	2019	-		
	Phoenix AZ		85012-1979	A					eceipt tl				
	FEC ID number of contributing federal political committee.						-				50.00)	
	Name of Employer (for Individual) Black, Gould & Associates	Occupa Broker	ation (for Individual)		M	emo	o Ite	əm					
	Receipt For: Aggre Primary General Other (specify) ▼	egate Ye	ear-to-Date ▼ 295.00	P/	R Ded	uctio	on ((\$75.0	00 Wee	kly)			
B.	Full Name of Individual (Last, First, Middle Initial) or F Pendergraft, Ross, W., ,	ull Orga	anization Name		ate of	f Re	ecei	pt					
	Mailing Address 21820 Burbank Blvd, North Building, Suite 300		Zip Code		^M 02	/		28	/ Y	2019			
	City State Woodland Hills CA		Transaction ID : PR437363420324 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.			ļĮ			-			1	75.00)	
	Name of Employer (for Individual) Leavitt Group	Occupa Broker	ation (for Individual) r		M	emo	o Ite	əm					
	Receipt For: Aggre Primary General Other (specify) ▼	egate Ye	ear-to-Date ▼ 345.00	P/I	R Ded	uctic	on ((\$85.0	0 Mont	hly)			
C.	Full Name of Individual (Last, First, Middle Initial) or F Jensen, Cerrina, , ,	ull Orga	anization Name		ate of	f Re	ecei	pt					
	Mailing Address 2520 Venture Oaks Way #240				^M 02		L	28	L	2019	9		
	City State Sacramento CA		Zip Code 95833-4228						PR4373				
	FEC ID number of contributing federal political committee.				Imoun	t of	Ea	cn Re	eceipt tl		00.00)	
	Name of Employer (for Individual) CoreMark Insurance Services Inc	Occupa Broker	ation (for Individual)		М	emo	o Ite	em					
	Pagaint For:	!	ear-to-Date ▼ 300.00	P/	R Ded	luctio	on	(\$50.0	00 Mont	:hly)			
s	UBTOTAL of Receipts This Page (optional)		••••••				,			3:	25.00)	
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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 e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Min Cramer, Valerie, Lynn, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 588 - 3 Mile Road, NW Suite 101			02 28 2019
City Grand Rapids	State MI	Zip Code 49544-8221	Transaction ID : PR437416420324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) TGG Solutions	Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$100.00 Monthly)
Full Name of Individual (Last, First, Mi B. Smith, David, C., , Mailing Address 110 N. Cochran St. #1:		rganization Name	Date of Receipt
City	State	Zip Code	02 28 2019 Transaction ID : PR437474520324
Durham	NC	27701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) Ebenconcepts Company	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$170.00 Monthly)
Full Name of Individual (Last, First, Mic. Stedt, Margaret, Evelyn, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 486 Calle Amigo			02 / D D / Y Y Y Y 28 2019
City San Clemente	State CA	Zip Code 92673-3003	Transaction ID : PR437529920324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Stedt Insurance Services	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$85.00 Monthly)
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line n	,		405.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 61 OF

		Detailed Summary Page	×	-		-	1b	11c		12							
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay n	ot be sold or used by any pess of any political committee	erson for erson for	13 or the icit co	pur ntrib	14 pos putic	se of s	15 soliciting om suc	g coi h co	16 ntribut mmitte	17 ions ee.				
<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac																
A.	Full Name of Individual (Last, First, Middle In Moriello, Nicholas, A., ,	itial) or Full C	Drgai	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 800 Delaware Ave., 9th Floor					02 / D D / Y Y Y Y 28 2019											
	City Wilmington	State DE		Zip Code 19801-1322	A					PR4375 eceipt tl			_				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) Highmark Blue Cross Blue Shield Delawa	Occ Brol		tion (for Individual)		M	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1125.00	P/R Deduction (\$75.00 Weekly)												
B.	Full Name of Individual (Last, First, Middle In Contorno, David, , ,	itial) or Full C	Drgai	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 106 Colborne dr			1		02 28 2019						Y					
	City Mooresville	State NC		Zip Code 28115-8051	A					PR4375 eceipt th							
	FEC ID number of contributing federal political committee.	С				330.00											
	Name of Employer (for Individual) E Powered Benefits		cupa oker	tion (for Individual)		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 360.00	P/	P/R Deduction (\$30.00 Monthly)											
	Full Name of Individual (Last, First, Middle In Burns, Patrick, , ,	itial) or Full C	Drgai	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 5653 Maxwelton Road			1		м м 02	1	Ľ	D D 28	/ Y)19	Y				
	City Oakland	State CA		Zip Code 94618-2654	A					PR4376							
	FEC ID number of contributing federal political committee.	С						y		9		335.0	0				
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occ Brok	•	tion (for Individual)		N	lemo	o It	em								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 420.00] P/	'R Dec	lucti	ion	(\$85.0	0 Mont	thly)						
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			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl A. Starks, Eugene, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 613 Crescent Circle Suite 201			02 28 2019								
City Ridgeland	State MS	Zip Code 39157-8686	Transaction ID : PR437603120324 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occu Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, Middl Purcilly , Amy, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 7028	State	Zip Code	02 28 2019								
Troy	MI	48007-7028	Transaction ID : PR437814920324 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Mason-McBride, Inc.	Occu Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middl c. Waltman, Jessica, Fulginiti, ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10 Doyle Road			02 / D D / Y Y Y Y Y 28 2019								
City Wayne	State PA	Zip Code 19087-3903	Transaction ID : PR470100120324 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Forward Health Consulting	Occu Princ	upation (for Individual) cipal	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$85.00 Monthly)								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page	×	✗ 11a ☐ 11b ☐ 11c ☐ 12											
				13		14		15	16	17					
\				erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Polition	cal Action Com	mittee													
Full Name of Individual (Last, First, M A. Sabin, Michael, L., ,	liddle Initial) or Full C	rganization Name		Date of	Re	eceipt									
Mailing Address 16257 S. Lennox St				м м 02	/		28	/ Y	2019	Y					
City Olathe	State KS	Zip Code 66062-4042	A	Transaction ID : PR499279420324 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			85.00											
Name of Employer (for Individual) The Sabin Agency	Occ Owr	upation (for Individual) ner	P/R Deduction (\$85.00 Monthly)												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00													
Full Name of Individual (Last, First, M	liddle Initial) or Full C	rganization Name		Date of Receipt											
Mailing Address															
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FEC ID number of contributing federal political committee.	C														
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	ltem	I								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]												
Full Name of Individual (Last, First, M	liddle Initial) or Full C	rganization Name		Date of	Re	ceipt									
Mailing Address				M = M	/	D	D	/ Y	YY	Y					
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Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	lterr	۱								
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 64 OF 79										
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on X 21b	22 23 26 27										
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or for commercial purposes, other than using the na														
NAME OF COMMITTEE (In Full) Health Underwriters Political Action		vittoo												
Full Name (Last, First, Middle Initial) A. PayPal				Date of Disbursement										
Mailing Address 2211 North First Street				02 / 28 / Y Y Y Y 2019										
City San Jose	State CA	Zip Code 95131		FEC Identification Number										
Purpose of Disbursement Credit Card Fees			001	C										
Candidate Name			Category/ Type	Transaction ID : 12857756 Amount of Each Disbursement this Period										
	ement For:			2413.45										
State: District:	Primary Other (spe	cify) ▼		Credit Card Fees										
State: District: Full Name (Last, First, Middle Initial)														
B. Merchant Services				Date of Disbursement										
Mailing Address 7300 Chapman Way				02 04 Y Y Y Y Y 2019										
City	State	Zip Code		FEC Identification Number										
Knoxville Purpose of Disbursement Credit Card Fees	TN	37920	001	C Transaction ID : 12857758 Amount of Each Disbursement this Period										
Candidate Name			Category/ Type											
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		190.91 Credit Card Fees										
State: District:		(only)		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										
	ement For:													
President	Primary Other (spe	General ecify) ▼		Memo Item										
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NAME OF COMMITTEE (In Full)																
Health Underwriters Political Actio		Ittee														
Full Name (Last, First, Middle Initial) A. Grassley Committee Inc						Date of	f Dist	ourse	ment							
Mailing Address PO Box 1000							02 12 2019									
City Des Moines	State IA	Zip Code 50304				FEC Identification Number										
Purpose of Disbursement 1/14 Lunch			0,	11	1	С										
Candidate Name			Cate	aorv/	11	Transaction ID: 12850074 Amount of Each Disbursement this Period										
Grassley, Chuck, E., Sen.,				vpe j												
Office Sought: House Disburse	ement For: 2 Primary Other (spec	General							/14 Lur	-	1000.00)				
State: IA District:						IVIE	emo l	tem								
Full Name (Last, First, Middle Initial) B. Steve Daines For Montana Mailing Address PO Box 1598					Date of	f Dist	ourse	D /		019	Y					
City	State								_							
Helena	MT	Zip Code 59624				FEC Identification Number										
Purpose of Disbursement 1/28 Dinner		11	C C00491357													
Candidate Name		41	Transaction ID : 12850337 Amount of Each Disbursement this Perio													
Daines, Steven, , ,			Cate Ty	pe		Amount of Each Disbursement this Period										
	ement For:															
x Senate x President	-	General				1/28 Dinner										
State: MT District:	Other (spec	cny)				Me	emo l	tem								
Full Name (Last, First, Middle Initial) C. Scalise Leadership Fund						Date of	f Dist	ourse	ment							
Mailing Address 317 15TH ST NE Suite 1100						02	/	D 13			019	Y				
City	State	Zip Code				FEC Id	entifi	catior	Numbe	ər						
Washington Purpose of Disbursement 2/7 Dinner	DC	20005	0		1	С										
Candidate Name			Cate	11 gory/ pe	1	Transaction ID : 12850339 Amount of Each Disbursement this Period 5000.00										
Office Sought: House Disburse	ement For:				\neg											
Senate	Primary	General						:	2/7 Dinn	er						
State: District:	Other (spec	Other (specify)						tem								
District.						_	_	_	_	_		_				
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SCHEDULE B (FEC Form 3X)	Use sen	Use separate schedule(s)					PAC	θE	66 OI	- 79					
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			only 21b 28a	22 28b	×	23 28c		26 29		27 30b			
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NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	ittee													
Full Name (Last, First, Middle Initial) A. Jeff Duncan For Congress						Date o	_	burse			Y	YY			
Mailing Address PO Box 845						02 13 2019									
City Laurens	State SC	Zip Code 29360				FEC Identification Number									
Purpose of Disbursement 1/30 Dinner			C	1	4605 ction		12850)340							
Candidate Name Duncan, Jeff, , Rep.,			Cate Ty	egory /pe	/	Amoun					nent		-		
Office Sought: X House Disburse Senate President State: SC District: 03	ement For: Primary Other (spe	General				Me	emo		1/30	Dinne	-	000.00			
Full Name (Last, First, Middle Initial) B. Families For James Lankford Mailing Address PO Box 1639	Date of Dis														
City Bethany Purpose of Disbursement	State OK	_	FEC Identification Number												
1/31 Lunch Candidate Name Lankford, James, , ,		Cate)11 egory /pe	/		-	this Pe								
	ement For: Primary Other (spe	General				Me									
Full Name (Last, First, Middle Initial) C. HOYER'S MAJORITY FUND						Date o	_	burse			V	ÝÝ			
Mailing Address 700 13TH STREET NW SUITE 6	00					02	ĺ	1			20				
City WASHINGTON Purpose of Disbursement 2/6 Lunch	State DC	Zip Code 20005	0	11]	FEC Id				mber 1285()342				
Candidate Name				egory /pe	/	Amoun	t of	Each	Disb	oursem	nent	this Pe	eriod		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼				Me	emo		2/6 l	_unch	2	500.00	_		
SUBTOTAL of Disbursements This Page (optional)					▶			,		Ŧ	4	500.00			
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 67 OF 79												
			category of the Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b												
	ny information copied from such Reports and Staten for commercial purposes, other than using the nar																
$ \rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	n Comm	ittee														
	Full Name (Last, First, Middle Initial)																
А.	Graves For Congress				Date of Disbursement												
	Mailing Address 2345 Grand Blvd Ste 2400				02 13 2019												
	Kansas City	State MO	Zip Code 64108		FEC Identification Number												
	Purpose of Disbursement 2/6 Dinner			011	C C00359034												
	Candidate Name			Category/	Transaction ID : 12850344 Amount of Each Disbursement this Period												
	Graves, Samuel, B., Rep., Jr. Office Sought: x House Disbursed	ment For: 2	2020	Туре	1000.00												
	Senate x President	Primary Other (spe	General		2/6 Dinner												
	State: MO District: 06		(ily)		Memo Item												
R	Full Name (Last, First, Middle Initial)				Date of Disbursement												
υ.	Vern Buchanan For Congress																
	Mailing Address P. O. Box 48928				02 13 2019												
	City Sarasota	State FL	Zip Code 34230		FEC Identification Number												
	Purpose of Disbursement 2/7 Lunch and two more events			011	C C00412759												
	Candidate Name			Category/	Transaction ID : 12850345 Amount of Each Disbursement this Period												
	Buchanan, Vern, , Rep.,	mant Far		Туре	3000.00												
		nent For: ; Primary	2020 General		3000.00 2/7 Lunch and two more eve												
	State: FL District: 16	Other (spe	cify)		Memo Item												
_	Full Name (Last, First, Middle Initial)				Date of Disbursement												
0.	Cory Gardner For Senate																
	Mailing Address 9227 E Lincoln Ave #200-234				02 13 2019												
	City Lone Tree	State CO	Zip Code 80124		FEC Identification Number												
	Purpose of Disbursement 2/11 Dinner-Season Pass			011	C C00492454												
	Candidate Name			Category/	Transaction ID : 12850347 Amount of Each Disbursement this Period												
	Gardner, Cory, , Sen.,			Туре	1000.00												
	Office Sought: House Disburser	ment For: 2 Primary	2020 General		4000.00												
	State: CO District:	Other (spe			2/11 Dinner-Season Pass												
Γ																	
s	UBTOTAL of Disbursements This Page (optional)			••••••	8000.00												
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SCHEDULE B (F	EC Form 3X)			FOR		NUMBER: PAGE 68 OF 79										
ITEMIZED DISBUR	RSEMENTS	for each	arate schedule(s) category of the Summary Page	-	ck only 21b 28a	22 X 23 26 27 28b 28c 29 30b										
						n for the purpose of soliciting contributions solicit contributions from such committee.										
	, ,	•	• • •													
	ters Political Actic	on Comm	ittee													
Full Name (Last, First, N A. Cory Gardner Fo						Date of Disbursement										
Mailing Address 9227 E	Lincoln Ave #200-234															
City		State	Zip Code			FEC Identification Number										
Lone Tree Purpose of Disbursemer	at	CO	80124													
2/11 Dinner/Season Pas				011		C C00492454										
Candidate Name				Catego	orv/	Transaction ID : 12850348 Amount of Each Disbursement this Period										
Gardner, Cory, ,	Sen.,			Type		Amount of Each Disburgement this Ferrod										
		ement For: 2	2020			1000.00										
	Senate	Primary	General			2/11 Dinner/Season Pass										
State: CO Distric	President	Other (spec	cify) 🔻			Memo Item										
Full Name (Last, First, M																
B. Adrian Smith Fo	r Congress					Date of Disbursement										
Mailing Address 3321 A Suite 6						02 13 2019										
City Scottsbluff Purpose of Disbursemer	\	State NE	Zip Code 69361			FEC Identification Number										
2/12 Lunch	11			011		C C00412890 Transaction ID : 12850349										
Smith, Adrian, ,	Ren			Catego Type		Amount of Each Disbursement this Period										
		ement For: 2	2020	турс	, 	1000.00										
-		Primary	General			2/12 Lunch										
State: NE Distric	President ct: 03	Other (spec	cify)			Memo Item										
Full Name (Last, First, M C. Team Graham Ir	,					Date of Disbursement										
						M = M / D = D / Y = Y = Y										
Mailing Address PO Box	< 1801					02 13 2019										
City		State SC	Zip Code 29202			FEC Identification Number										
Columbia Purpose of Disbursemer 2/12 Dinner	nt	30	29202			C C00458828										
Candidate Name				011		Transaction ID : 12850350										
Graham, Lindse	v Sen			Catego Type		Amount of Each Disbursement this Period										
		ement For: 2	2020	iyhe		1500.00										
•	Senate x	Primary	General			2/12 Dinner										
	President	Other (spec	cify) 🔻			Memo Item										
State: SC Distrie	ot:															
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SCHEDULE B ((FEC Form 3X)			FC	OR L	INE	NU	MBER:				P	AGE	69 C)F 79				
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NAME OF COMMITT	. ,																		
Health Underw	riters Political Ac	tion Comn	nittee																
Full Name (Last, Firs																			
A. Future Forum	PAC						Date of Disbursement												
Mailing Address PO E	3OX 83142								02 13 2019										
City GAITHERSBURG		State MD	Zip Code 20883				FEC Identification Number												
Purpose of Disbursen 2019 Membership	nent							C	C00	06259	988			11					
Candidate Name					11								85035						
					egory ype	//		Amount	t of	Each	n Dis	sburs	emen	t this F	Period				
Office Sought:	House Disbu	rsement For:	I											5000.0	0				
	Senate	Primary	General				1	_		/	20'		ember	ship					
State: Dis	President	Other (spe	ecity) 🔻				-1	Me	mo	Item									
Full Name (Last, First																			
	EPUBLICAN SEN	ATORIAL	COMMITTE	E				Date of	f Dis		eme	ent	YYY	Y	Y				
Mailing Address 425	SECOND STREET NE								02 13 2019										
City		State DC	Zip Code				FEC Identification Number												
WASHINGTON Purpose of Disbursen	nent		DC 20002							C C00027466									
2019 Membership)11		Transaction ID : 12850352															
Candidate Name			Category/ Type								z t this F	Period							
Office Sought:	House Disbu	rsement For:					15000.00 2019 Membership												
	Senate	Primary	General																
State: Dis	President	Other (spe	ecify)				Memo Item												
Full Name (Last, First																			
C. BLUE DOG PO	OLITICAL ACTIO	N COMMI	TTEE				l	Date of	Dis	sburs	eme	ent							
Mailing Address P.O.	BOX 83142							02	/		13	1		019	Y				
City		State	Zip Code				I	FEC Id	enti	ficatio	on N	lumb	er						
GAITHERSBURG Purpose of Disbursen	nont	MD	20883				10							-					
2019 Membership	nem			0	11			•		03053									
Candidate Name				Cate	egory	//		Tra Amount					35035 emen		Period				
Office Sought:	House Disbu	rsement For:	I			\neg							_	5000.0	0				
	Senate	Primary									20	19 M	embei	rship					
State: Dis	President	Other (spe	ecify) 🔻				-[Me	mo	Item									
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 70 OF 79										
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 Action	on Comm	ittee												
Full Name (Last, First, Middle Initial) A. TUESDAY GROUP POLITICAL A		COMMITTEE	Ξ	Date of Disbursement										
Mailing Address 209 Pennsylvania Avenue, SE				02 13 2019										
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number										
Purpose of Disbursement 2019 Membership			011	C C00433060 Transaction ID : 12850354										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		2019 Membership Memo Item										
State: District: Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATORIAL CA Mailing Address 120 MARYLAND AVENUE NE	MPAIGN		EE	Date of Disbursement										
City WASHINGTON Purpose of Disbursement 2019 Membership	State DC	Zip Code 20002	011	FEC Identification Number										
	ement For:		Category/ Type	Transaction ID : 12850355 Amount of Each Disbursement this Period										
State: District:	Primary Other (spec	Cify)		2019 Membership Memo Item										
Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONG	RESSIO	NAL COMM	ITTEE	Date of Disbursement										
Mailing Address 320 FIRST STREET	State	Zip Code		02 13 2019										
WASHINGTON Purpose of Disbursement 2019 Membership	DC	20003	011	FEC Identification Number										
Candidate Name			Category/ Type	Transaction ID : 12850356 Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		2019 Membership Memo Item										
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				35000.00										

SCHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)	FOR LINE										
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Any information copied from such Reports and Sta or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Comm	nittee											
Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSION	IAL CAMF	PAIGN COMN	<i>I</i> ITTEE	Date of Disbursement									
Mailing Address 430 SOUTH CAPITOL STREE	Г, SE			02 13 2019									
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number									
Purpose of Disbursement 2019 Membership			011	C C00000935 Transaction ID : 12850357									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disbur Senate President	rsement For: Primary Other (spe	General ecify) ▼		2019 Membership Memo Item									
State: District:													
Full Name (Last, First, Middle Initial) B. MODERATE DEMOCRATS PAC				Date of Disbursement									
Mailing Address 303 MASSACHUSETTS AVEN		7.0.1		02 13 2019									
City WASHINGTON Purpose of Disbursement	State DC	Zip Code 20002		FEC Identification Number									
2019 Membership Candidate Name			011 Category/ Type	Transaction ID : 12850358 Amount of Each Disbursement this Period									
Office Sought: House Disbur Senate President State: District:	rsement For: Primary Other (spe	General ecify)	Турс	2019 Membership Memo Item									
Full Name (Last, First, Middle Initial) C. Josh Gottheimer For Congress				Date of Disbursement									
Mailing Address PO Box 584				02 / D D / Y Y Y Y Y 21 2019									
City Ridgewood	State NJ	Zip Code 07451		FEC Identification Number									
Purpose of Disbursement 2019 Luncheon Speaker Candidate Name Gottheimer, Josh, , ,			011 Category/ Type	C C00573949 Transaction ID : 12854173 Amount of Each Disbursement this Period									
	rsement For: Primary Other (spe	General		2019 Luncheon Speaker Memo Item									
SUBTOTAL of Disbursements This Page (optiona	al)		····· ►	25000.00									
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	y information copied from such Reports and State for commercial purposes, other than using the na					perso	n for the	purp	ose o									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	Health Underwriters Political Actio	n Comm	ITTEE															
	Full Name (Last, First, Middle Initial)		Date of Disbursement															
Α.	Tom O'Halleran For Congress							Dist		_			1					
	Mailing Address PO Box 20375		02 21 2019															
	City		FEC Identification Number															
	Sedona Purpose of Disbursement	AZ	86341	_		_	C C00582890											
	2019 HUPAC Reception			0)11		Transaction ID : 12854174											
				Cate		y/						ent this F	Period					
	O'Halleran, Tom, , , Office Sought: x House Disburse	ment For: 2	2020	Ty	ype							2000.0	0					
	Senate Set X	Primary	General					y		040		1	_					
	President	Other (spe	cify) 🔻				Me	mo l		2019	HUPA	C Recep	lion					
	State: AZ District: 01 Full Name (Last, First, Middle Initial)						-											
	Susie Lee For Congress						Date of	Disl	burse	ment								
							M M	/	D	D	/ Y	Y Y	Y					
	Mailing Address 5130 S Fort Apache Rd Ste. 215-382		State Zip Code						02 21 2019									
	City Las Vegas	State NV		FEC Ide	entifi	cation	Nur	nber										
	Purpose of Disbursement		89148	_	-		C C00655613											
	2019 HUPAC Reception			C)11		Transaction ID : 12854175											
	Candidate Name Lee, Susie, , ,			Cate	egor ype	у/	Amount of Each Disbursement this Period 2000.00											
		ment For:	2020	13	ypc													
		Primary	General						2	2019	HUPA	C Recep	tion					
	State: NV District: 03	Other (spe	cify)				Me	mo l	tem									
	Full Name (Last, First, Middle Initial)						_											
-	Lou Correa For Congress						Date of	Disl	burse	ment								
							M M	/	D		/ Y	Y Y	Y					
	Mailing Address 420 N Twin Oaks Valley Rd #2229	9					02		21			2019						
	City	State	Zip Code				FEC Ide	entifi	cation	Nur	nber							
	San Marcos Purpose of Disbursement	CA	92079	_	_	_	С	COO	57830	12								
	2019 HUPAC Reception			0	011					1	1285 <i>4 '</i>	176						
	Candidate Name	egor	y/	Transaction ID : 12854176 Amount of Each Disbursement this Period														
	Correa, J. Luis, , Rep., Office Sought:	ement For: 2	2020	Ty	ype							2000.0	0					
	House Disburse Disburse	Primary	General					-7		2010	нира							
	President	Other (spe	cify) 🔻				2019 HUPAC Reception											
_	State: CA District: 46						L											
s	UBTOTAL of Disbursements This Page (optional).					•			y			6000.0	0					
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SCHEDULE B (FEC Form 3X	· · · ·		FOR LINE	NUMBER: PAGE 73 OF 79		
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the d Summary Page	(check only 21b 28a			
Any information copied from such Reports and or for commercial purposes, other than using						
NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Comn	nittee				
Full Name (Last, First, Middle Initial) A. Cloud For Congress				Date of Disbursement		
Mailing Address PO Box 7027	02 / D D / Y Y Y Y 21 2019					
City Victoria	State TX	Zip Code 77903		FEC Identification Number		
Purpose of Disbursement 2019 HUPAC Reception Candidate Name			011	C C00655332 Transaction ID : 12854177		
Cloud, Michael, , ,	sbursement For:	2020	Category/ Type	Amount of Each Disbursement this Period 2000.00		
State: TX District: 27	Primary Other (sp	General		2019 HUPAC Reception Memo Item		
Full Name (Last, First, Middle Initial) B. Scott Peters For Congress Mailing Address PO Box 22074	Full Name (Last, First, Middle Initial) Scott Peters For Congress					
City San Diego Purpose of Disbursement 2019 HUPAC Reception	San Diego CA 92192 Purpose of Disbursement					
Candidate Name Peters, Scott, , Rep.,	sbursement For:	011 Category/ Type	Transaction ID : 12854179 Amount of Each Disbursement this Period 2000.00 2019 HUPAC Reception			
State: CA District: 52	Other (sp	ecify)		Memo Item		
	Full Name (Last, First, Middle Initial) Anthony Gonzalez For Congress					
Mailing Address 9856 Archer Lane		Zip Code		02 21 2019		
City Dublin Purpose of Disbursement 2019 HUPAC Reception Candidate Name	State OH	011 Category/	FEC Identification Number C C00654079 Transaction ID : 12854182 Amount of Each Disbursement this Period			
Gonzalez, Anthony, , Rep., Office Sought: Senate President State: OH District: 16	sbursement For: Primary Other (sp	General	Туре	2000.00 2019 HUPAC Reception Memo Item		
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	CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 74 OF 79
IT	EMIZED DISBURSEMENTS	SBURSEMENTS for each category of th Detailed Summary Pag				only 21b 28a	7 one) 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						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee				
Α.	Full Name (Last, First, Middle Initial) Balderson For Congress		Date of Disbursement				
	Mailing Address PO BOX 2302		02 21 2019				
	City Zanesville Purpose of Disbursement	State OH	Zip Code 43702				FEC Identification Number
	2019 HUPAC Reception Candidate Name			1.00)11		C C00662650 Transaction ID : 12854183 Amount of Each Disbursement this Period
	Balderson, Troy, , ,	ement For:	2020		egory ype	//	2000.00
	State: OH District: 12	Primary Other (spe	General cify) ▼				2019 HUPAC Reception Memo Item
B.	Full Name (Last, First, Middle Initial) Andy Barr For Congress, Inc. Mailing Address PO Box 2059						Date of Disbursement
	City Lexington Purpose of Disbursement	State KY	Zip Code 40588	_	_	_	FEC Identification Number
	2019 HUPAC Reception Candidate Name Barr, Andy, , Rep., Office Sought: K House Disbursement For: 2020					/	Transaction ID : 12854184 Amount of Each Disbursement this Period 2000.00
	State: KY District: 06	Primary Other (spe	General Cify)				2019 HUPAC Reception Memo Item
C.	Full Name (Last, First, Middle Initial) Joni For Iowa						Date of Disbursement
	Mailing Address PO Box 93441			02 21 Y Y Y Y 02 21 2019			
	City Des Moines Purpose of Disbursement	State Zip Code IA 50393					FEC Identification Number
	2019 HUPAC Reception Candidate Name Ernst, Joni, , Sen.,					1/	Transaction ID : 12854187 Amount of Each Disbursement this Period
	fice Sought: House Disbursement For: 2020 x Senate Primary x President Other (specify) ▼						2000.00 2019 HUPAC Reception Memo Item
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use sepa	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 75 OF 75 (check only one)			
		for each				21b 28a		
							son for the purpose of soliciting contributions o solicit contributions from such committee.	
	OF COMMITTEE (In Full)	on Comm	ittee					
	ame (Last, First, Middle Initial) issy Houlahan For Congress						Date of Disbursement	
Mailin	g Address PO Box 222		02 21 2019					
City Devor		State PA	Zip Code 19333				FEC Identification Number	
2019	se of Disbursement HUPAC Reception date Name)11		C C00637371 Transaction ID : 12854192	
Hou	lahan, Chrissy, , ,	ement For:	2020		egory ype	//	Amount of Each Disbursement this Period 2000.00	
State:	Senate X President		General				2019 HUPAC Reception Memo Item	
B. Dor	ame (Last, First, Middle Initial) Bacon For Congress						Date of Disbursement	
City	g Address PO Box 391368		02 21 2019					
Omah Purpos	City State Zip Code Omaha NE 68139 Purpose of Disbursement 2019 HUPAC Reception						FEC Identification Number C C00575167 Transaction ID : 12854196	
Bac		ement For:	General		egory ype	//	Amount of Each Disbursement this Period 2000.00 2019 HUPAC Reception Memo Item	
-	ame (Last, First, Middle Initial) ren Underwood For Congress						Date of Disbursement	
Mailing	g Address 2758 Us Highway 34 Suite B#149				02 21 2019			
	go se of Disbursement HUPAC Reception	State Zip Code IL 60543					FEC Identification Number C C00652719 Transaction ID : 12854197 Amount of Each Disbursement this Period	
Und	Candidate Name Underwood, Lauren, , Rep.,					//		
State:	Sought: House Disburse Senate President IL District: 14	ement For: 2 Primary Other (spe				2000.00 2019 HUPAC Reception Memo Item		
	TAL of Disbursements This Page (optional)						6000.00	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		FOR LINE (check only	/ one)	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_			
\square	Health Underwriters Political Action	on Comm	nittee			
Α.	Full Name (Last, First, Middle Initial) Moolenaar For Congress				Date of Disbursement	
	Mailing Address 5915 Eastman Avenue Suite 100	02 21 2019				
	City	State	Zip Code		FEC Identification Number	
	Midland Purpose of Disbursement	MI	48640			
	2019 HUPAC Reception			011	C C00561530	
	Candidate Name				Transaction ID : 12854199	
	Moolenaar, John, , Rep.,			Category/ Type	Amount of Each Disbursement this Period	
		ement For:	2020	71	2000.00	
	Senate 🗶	Primary	General		2019 HUPAC Reception	
	President	Other (spe	ecify) 🔻		Memo Item	
	State: MI District: 04					
D	Full Name (Last, First, Middle Initial)				Data of Diskurgement	
D.	Mikie Sherrill For Congress				Date of Disbursement	
	Mailing Address P.O. Box 43032	02 21 2019				
	City		FEC Identification Number			
	Montclair Purpose of Disbursement					
	2019 HUPAC Reception			011	C C00640003	
	Candidate Name				Transaction ID : 12854200 Amount of Each Disbursement this Period	
	Sherrill, Rebecca, , ,			Category/ Type	Amount of Lach Dispursement this Period	
		ement For:	2020		2000.00	
		Primary	General		2019 HUPAC Reception	
	President	Other (spe	ecify)		Memo Item	
_	State: NJ District: 11				<u> </u>	
C.	Full Name (Last, First, Middle Initial) Jason Crow For Congress	Date of Disbursement				
	Mailing Address PO Box 32145		02 / D D / Y Y Y Y 21 2019			
	City	State	Zip Code		FEC Identification Number	
	Aurora Purpose of Disbursement	CO	80041			
	2019 HUPAC Reception	011	C C00637363			
	Candidate Name		Transaction ID : 12854202 Amount of Each Disbursement this Period			
	Crow, Jason, , ,	Category/ Type	Amount of Lach Dispursement this Period			
	Office Sought: X House Disburse		2000.00			
	Senate x		2019 HUPAC Reception			
	President	Other (spe	ecify) 🔻		Memo Item	
_	State: CO District: 06					
s	UBTOTAL of Disbursements This Page (optional)			••••••	6000.00	
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	SCHEDULE B (FEC Form 3X)		Use separate schedule(s)		NUMBER: PAGE 77 OF 79		
ITEMIZED DISBURSEMENTS		for each	category of the Summary Page	(check only 21b 28a	/ one) 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						
\setminus	NAME OF COMMITTEE (In Full)		•				
\bigvee	Health Underwriters Political Actio	n Comm	ittee				
Α.	Full Name (Last, First, Middle Initial) Rosen For Nevada				Date of Disbursement		
	Mailing Address PO Box 27195	02 21 2019					
	City Las Vegas	State NV	Zip Code 89126		FEC Identification Number		
	Purpose of Disbursement		03120		С сообобеззе		
	2019 HUPAC Reception Candidate Name			011	Transaction ID : 12854205		
	Rosen, Jacklyn, , Sen.,			Category/ Type	Amount of Each Disbursement this Period		
		ement For:	2024	1900	2000.00		
	x Senate x	_	General		2019 HUPAC Reception		
	State: NV District:	Other (spe	спу) 🔻		Memo Item		
	Full Name (Last, First, Middle Initial)						
В.	Hoosier PAC	Date of Disbursement					
	Mailing Address 124 16th Street SE	02 / D D / Y Y Y Y 22 / 2019					
	City	State	Zip Code		FEC Identification Number		
	Washington Purpose of Disbursement	DC	20003		C C00691162		
	2019 HUPAC Reception	011	Transaction ID : 12854251				
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ement For:		Туре	2000.00		
	Senate	Primary	General		2019 HUPAC Reception		
	State: District:	Other (spe	cify)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	Haley Stevens For Congress	Date of Disbursement					
	Mailing Address 33717 Woodward Ave #539		02 / 22 / 2019				
	City Dirmingham	State MI	Zip Code 48009		FEC Identification Number		
	Birmingham Purpose of Disbursement		40003		C C00638650		
	2019 HUPAC Reception	011	Transaction ID : 12854328				
	Candidate Name Stevens, Haley, , ,	Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: X House Disburse	1900	2000.00				
	Senate x		2019 HUPAC Reception				
	State: MI District: 11	Memo Item					
Г							
s	UBTOTAL of Disbursements This Page (optional).			••••••	6000.00		
т	OTAL This Period (last page this line number only	/)		••••••	, ,		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 78 OF 79
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
	y information copied from such Reports and State for commercial purposes, other than using the nar				
\backslash	NAME OF COMMITTEE (In Full)	•			
	Health Underwriters Political Action	n Comm	ittee		
Α.	Full Name (Last, First, Middle Initial) Cramer For Congress	Date of Disbursement			
	Mailing Address PO Box 396	12 03 2018			
	City Bismarck	State ND	Zip Code 58502		FEC Identification Number
	Purpose of Disbursement 12/5 Lunch Funds Reported On YEAR-END REPO	ORT (11/27/18	8-12/31/18)	011	C C00504704
	Candidate Name			Category/	Transaction ID : 12857862 Amount of Each Disbursement this Period
	Cramer, Kevin, J., Rep.,			Туре	
		ment For: 2			4000.00
	State: ND District: 00	Primary Other (spec	ify) ▼		12/5 Lunch Funds Reported On YEAR-END REPORT (11/27/18-
	State: ND District: 00				12/31/18)
	Full Name (Last, First, Middle Initial) Cramer For Congress	Date of Disbursement			
	Mailing Address PO Box 396		02 28 2019		
	City Bismarck	State ND	Zip Code 58502		FEC Identification Number
	Purpose of Disbursement 12/5 Lunch Re-designated funds for trans. dated 1:	2/3/2018	011	C C00504704 Transaction ID : 12857863	
	Candidate Name Cramer, Kevin, J., Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For: 2	2024		4000.00
	State: ND District: 00	Primary Other (spec	General cify)		12/5 Lunch Re-designated funds trans. dated 12/3/2018
<u></u> С.	Full Name (Last, First, Middle Initial) Xochitl For New Mexico		Date of Disbursement		
	Mailing Address PO Box 2250		11 / D D / Y Y Y Y 11 28 2018		
	City Las Cruces	State NM	Zip Code 88004		FEC Identification Number
	Purpose of Disbursement 11/29 Meeting Funds Reported On YEAR-END RE Candidate Name	011	C C00666149 Transaction ID : 12857864 Amount of Each Disbursement this Period		
	Small Xochitl, Torres, , ,Office Sought:xKHouseDisburse	ment For: 2	Category/ Type	2000.00	
	State: NM District: 02	Primary Other (spec	x General		Memo Item 11/29 Meeting Funds Reported Or YEAR-END REPORT (11/27/18- 12/31/18)
s	UBTOTAL of Disbursements This Page (optional)			•••••	0.00
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 79 OF 79			
ITEMIZED DISBURSEMENTS			(check on 21b 28a	22 🗶 23 🗌 26 🗌 27		
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 Commi	ittee				
Full Name (Last, First, Middle Initial)						
A. Xochitl For New Mexico			Date of Disbursement			
Mailing Address PO Box 2250	Mailing Address PO Box 2250					
City Las Cruces	State NM	Zip Code 88004		FEC Identification Number		
Purpose of Disbursement 11/29 Meeting Re-designated funds for trans. date	d 11/28/2018		011	C C00666149 Transaction ID : 12857865		
Candidate Name Small Xochitl, Torres, , ,			Category/ Type	Amount of Each Disbursement this Period		
	ment For: 2 Primary	2020 General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000.00 11/29 Meeting Re-designated funds		
State: NM District: 02	Other (spec	cify) ▼		Memo Item for trans. dated 11/28/2018		
Full Name (Last, First, Middle Initial) B. Mike Thompson For Congress Mailing Address 5429 Madison Avenue				Date of Disbursement		
City Sacramento	State CA	Zip Code 95841		FEC Identification Number		
Purpose of Disbursement 12/12 Reception Funds Reported On YEAR-END	-		011	C C00326363 Transaction ID : 12857868		
Candidate Name Thompson, Mike, , Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ment For: 2 Primary Other (spec	2018 X General cify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000.00 12/12 Reception Funds Reported On YEAR-END REPORT (11/27/18- 12/31/18)		
Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress				Date of Disbursement		
Mailing Address 5429 Madison Avenue				02 28 2019		
City Sacramento	State CA	Zip Code 95841		FEC Identification Number		
Purpose of Disbursement 12/12 Reception Re-designated funds for trans. da Candidate Name	ited 12/12/20	18	011 Category/	C C00326363 Transaction ID : 12857869 Amount of Each Disbursement this Period		
Senate X President	ment For: 2 Primary Other (spec	General	Туре	3000.00 12/12 Reception Re-designated funds for trans. dated 12/12/2018		
State: CA District: 05 SUBTOTAL of Disbursements This Page (optional).			`	0.00		
TOTAL This Period (last page this line number only				144000.00		